



SENATE JOURNAL

STATE OF ILLINOIS

NINETY-THIRD GENERAL ASSEMBLY

62ND LEGISLATIVE DAY

THURSDAY, NOVEMBER 6, 2003

11:20 O'CLOCK A.M.

SENATE
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The Senate met pursuant to adjournment.
 Senator Patrick Welch, Peru, Illinois presiding.
 Prayer by Reverend Stuart Liegey, Ashland Church of Christ, Ashland, Illinois.
 Senator Link led the Senate in the Pledge of Allegiance.

Senator Haine moved that reading and approval of the Journal of Wednesday, November 5, 2003 be postponed pending arrival of the printed Journal.
 The motion prevailed.

REPORTS RECEIVED

The Secretary placed before the Senate the following reports:

Annual Report on Public University Revenues and Expenditures for Fiscal Year 2003 submitted by the Illinois Board of Higher Education pursuant to Public Act 93-0229.

Quarterly Report for Adult and Juvenile Facilities submitted by the Illinois Department of Corrections.

LEGISLATIVE MEASURE FILED

The following Floor amendment to the House Bill listed below has been filed with the Secretary, and referred to the Committee on Rules:

Senate Floor Amendment No. 6 to House Bill 700

Senate Floor Amendment No. 3 to House Bill 2200

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION 305

Offered by Senator Clayborne and all Senators:
 Mourns the death of Beatrice Nebraska Hunter Neely of East St. Louis

By unanimous consent, the foregoing resolution was referred to the Resolutions Consent Calendar.

Senator Garrett offered the following Senate Resolution, which was referred to the Committee on Rules:

SENATE RESOLUTION NO. 306

WHEREAS, Providing care and habilitative services to individuals with developmental disabilities is a fundamental responsibility of Illinois State government; and

WHEREAS, These vulnerable individuals depend on these services to ensure their safety, meet their basic needs, and help them develop to their fullest potential; and

WHEREAS, Illinois has a widespread network of community-based agencies with which it contracts to provide these residential and day treatment programs to thousands of disabled individuals; and

WHEREAS, A critical variable in providing high quality services is having a dedicated, stable, well-trained staff; and

WHEREAS, Historically these agencies have not received sufficient State funding to provide salary levels or benefits that can attract and retain employees; and

WHEREAS, These low wages and inadequate benefits are unfair to the employees who provide this vital service as well as to the individuals they serve who suffer from the high employee turnover and lack of continuity of care; and

WHEREAS, Over the past three years insurance costs for these agencies, particularly employee health insurance costs, have increased far faster than the rate of inflation; and

WHEREAS, These agencies did not receive any cost-of-living increase in the previous two years,

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leaving many low-wage workers without a wage increase during that period; and

WHEREAS, In recognition of all of the above, the Illinois General Assembly, by an overwhelming vote, included a 4% cost-of-living increase for these agencies serving people with developmental disabilities in the Illinois FY 04 budget; and

WHEREAS, Governor Blagojevich signed that increase into law; and

WHEREAS, The Office of Management and Budget has directed all State agencies to hold back 2% of their funds in reserve; and

WHEREAS, In response to this directive, the Department of Human Services is withholding a portion of the appropriated increase from the grants to these agencies; and

WHEREAS, Because of other actions taken by the Department of Human Services, many of these agencies have thus far not received any increase at all; and

WHEREAS, Based on information currently available, DHS is planning to provide these agencies with an increase that will average approximately 2%; and

WHEREAS, Because funding to these agencies is reimbursed by the federal government at the rate of 50% through the Medicaid program, the actual cost to the State to fund the full 4% is less than the amount being withheld; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we call upon the Governor's Office of Management and Budget and the Department of Human Services to act to ensure that agencies serving the developmentally disabled through contracts with the State receive the full 4% cost-of-living increase that was mandated by action of the General Assembly for the purpose of enabling these agencies to increase direct care wages, meet rising costs, and continue to meet the vital needs of the individuals they serve.

REPORTS FROM STANDING COMMITTEES

Senator Schoenberg, Chairperson of the Committee on State Government to which was referred the following Senate floor amendment reported that the Committee recommends that it be adopted:

Senate Amendment No. 5 to House Bill 700

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Jacobs, Chairperson of the Committee on Insurance & Pensions to which was referred the following Senate floor amendment reported that the Committee recommends that it be adopted:

Senate Amendment No. 1 to House Bill 610

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Trotter, Chairperson of the Committee on Appropriations I to which was referred the following Senate floor amendment reported that the Committee recommends that it be adopted:

Senate Amendment No. 2 to House Bill 2696

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

READING OF BILL OF THE SENATE A THIRD TIME

On motion of Senator del Valle, **Senate Bill No. 67**, having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

Pending roll call on motion of Senator del Valle, further consideration of **Senate Bill No. 67** was postponed.

Senator Burzynski asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

At the hour of 12:25 o'clock p.m., the Chair announced that the Senate stand at recess subject to the call of the Chair.

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AFTER RECESS

At the hour of 1:37 o'clock p.m., the Senate resumed consideration of business.
Senator Welch, presiding.

REPORT FROM RULES COMMITTEE

Senator Demuzio, Chairperson of the Committee on Rules, reported that the following Legislative Measure has been approved for consideration:

Senate Floor Amendment No. 6 to House Bill 700

The foregoing floor amendment was placed on the Secretary's Desk.

INTRODUCTION OF BILLS

SENATE BILL NO. 2120. Introduced by Senator Obama, a bill for AN ACT in relation to transportation.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Rules.

SENATE BILL NO. 2121. Introduced by Senator Welch, a bill for AN ACT concerning utilities.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Rules.

SENATE RESOLUTION TABLED

Senator Dillard moved that **Senate Resolution No. 247**, on the order of consent calendar, be ordered to lie on the table.

The motion to table prevailed.

CONSIDERATION OF GOVERNOR'S VETO MESSAGES

Pursuant to the Motion in Writing filed and journalized on Wednesday, October 29, 2003, Senator Clayborne moved that **Senate Bill No. 594** do pass, the veto of the Governor to the contrary notwithstanding.

And on that motion, a call of the roll was had resulting as follows:

Yeas 39; Nays 19.

The following voted in the affirmative:

Althoff	Haine	Luechtefeld	Sieben
Brady	Halvorson	Maloney	Silverstein
Clayborne	Harmon	Martinez	Trotter
Collins	Hendon	Meeks	Viverito
Cronin	Hunter	Munoz	Walsh
Crotty	Jacobs	Obama	Watson
Cullerton	Jones, J.	Risinger	Welch
del Valle	Jones, W.	Ronen	Winkel
DeLeo	Lightford	Sandoval	Mr. President
Demuzio	Link	Schoenberg	

The following voted in the negative:

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Bomke	Geo-Karis	Rauschenberger	Sullivan, D.
Burzynski	Lauzen	Righter	Sullivan, J.
Dillard	Peterson	Roskam	Syverson
Forby	Petka	Rutherford	Wojcik
Garrett	Radogno	Soden	

This bill, having received the vote of three-fifths of the members elected, was declared passed, the veto of the Governor to the contrary notwithstanding.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

Pursuant to the Motion in Writing filed and journalized on Wednesday, November 5, 2003, Senator J. Sullivan moved to accept the Governor's specific recommendations for change to **Senate Bill No. 1754**.

And on that motion, a call of the roll was had resulting as follows:

Yeas 35; Nays 22.

The following voted in the affirmative:

Brady	Forby	Link	Silverstein
Clayborne	Garrett	Maloney	Sullivan, D.
Collins	Haine	Martinez	Sullivan, J.
Crotty	Halvorson	Meeks	Trotter
Cullerton	Harmon	Munoz	Viverito
del Valle	Hendon	Obama	Walsh
DeLeo	Hunter	Ronen	Welch
Demuzio	Jacobs	Sandoval	Mr. President
Dillard	Lightford	Schoenberg	

The following voted in the negative:

Althoff	Jones, W.	Righter	Syverson
Bomke	Lauzen	Risinger	Watson
Burzynski	Luechtefeld	Roskam	Winkel
Cronin	Peterson	Rutherford	Wojcik
Geo-Karis	Petka	Sieben	
Jones, J.	Rauschenberger	Soden	

The motion prevailed.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

Pursuant to the Motion in Writing filed and journalized on Tuesday, November 4, 2003, Senator Walsh moved that **Senate Bill No. 629** do pass, the specific recommendations of the Governor to the contrary notwithstanding.

And on that motion, a call of the roll was had resulting as follows:

Yeas 54; Nays 1.

The following voted in the affirmative:

Althoff	Haine	Meeks	Sieben
Bomke	Halvorson	Munoz	Silverstein
Brady	Harmon	Obama	Soden
Burzynski	Hendon	Peterson	Sullivan, D.
Clayborne	Hunter	Petka	Sullivan, J.

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Collins	Jacobs	Radogno	Trotter
Cronin	Jones, J.	Rauschenberger	Viverito
Crotty	Jones, W.	Righter	Walsh
Cullerton	Lauzen	Risinger	Watson
del Valle	Lightford	Ronen	Winkel
Demuzio	Link	Roskam	Wojcik
Forby	Luechtefeld	Rutherford	Mr. President
Garrett	Maloney	Sandoval	
Geo-Karis	Martinez	Schoenberg	

The following voted in the negative:

Welch

This bill, having received the vote of three-fifths of the members elected, was declared passed, the specific recommendations of the Governor to the contrary notwithstanding.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

Pursuant to the Motion in Writing filed and journalized on Wednesday, November 5, 2003, Senator Jacobs moved that **Senate Bill No. 639** do pass, the specific recommendations of the Governor to the contrary notwithstanding.

And on that motion, a call of the roll was had resulting as follows:

Yeas 33; Nays 17.

The following voted in the affirmative:

Althoff	Jones, J.	Righter	Viverito
Bomke	Jones, W.	Risinger	Walsh
Brady	Lauzen	Roskam	Watson
Burzynski	Link	Rutherford	Winkel
Clayborne	Luechtefeld	Schoenberg	Wojcik
Demuzio	Munoz	Sieben	Mr. President
Forby	Peterson	Soden	
Geo-Karis	Petka	Sullivan, D.	
Haine	Rauschenberger	Sullivan, J.	

The following voted in the negative:

Collins	Hendon	Radogno	Trotter
Cronin	Hunter	Ronen	Welch
Crotty	Lightford	Sandoval	
DeLeo	Maloney	Silverstein	
Garrett	Meeks	Syverson	

The motion having failed to receive the vote of three-fifths of the members elected was lost.

Senator Jacobs asked and obtained unanimous consent for the Journal to reflect his affirmative vote on the Motion to Override the Amendatory Veto on **Senate Bill No. 639**.

Pursuant to the Motion in Writing filed and journalized on Tuesday, November 4, 2003, Senator del Valle moved that **Senate Bill No. 1364** do pass, the specific recommendations of the Governor to the contrary notwithstanding.

And on that motion, a call of the roll was had resulting as follows:

Yeas 53; Nays 1.

The following voted in the affirmative:

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Althoff	Geo-Karis	Martinez	Silverstein
Bomke	Haine	Meeks	Soden
Brady	Halvorson	Munoz	Sullivan, D.
Burzynski	Harmon	Obama	Sullivan, J.
Clayborne	Hendon	Peterson	Syverson
Collins	Hunter	Petka	Trotter
Cronin	Jacobs	Radogno	Viverito
Crotty	Jones, J.	Righter	Walsh
Cullerton	Jones, W.	Risinger	Watson
del Valle	Lauzen	Roskam	Winkel
DeLeo	Lightford	Rutherford	Mr. President
Demuzio	Link	Sandoval	
Forby	Luechtefeld	Schoenberg	
Garrett	Maloney	Sieben	

The following voted in the negative:

Welch

This bill, having received the vote of three-fifths of the members elected, was declared passed, the specific recommendations of the Governor to the contrary notwithstanding.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

HOUSE BILLS RECALLED

On motion of Senator DeLeo, **House Bill No. 610** was recalled from the order of third reading to the order of second reading.

Senator DeLeo offered the following amendment and moved its adoption:

AMENDMENT NO. 1

AMENDMENT NO. 1. Amend House Bill 610 by replacing everything after the enacting clause with the following:

"Section 5.

The Illinois Pension Code is amended by changing Section 14-110 as follows:

(40 ILCS 5/14-110) (from Ch. 108 1/2, par. 14-110)

Sec. 14-110. Alternative retirement annuity. (a) Any member who has withdrawn from service with not less than 20 years of eligible creditable service and has attained age 55, and any member who has withdrawn from service with not less than 25 years of eligible creditable service and has attained age 50, regardless of whether the attainment of either of the specified ages occurs while the member is still in service, shall be entitled to receive at the option of the member, in lieu of the regular or minimum retirement annuity, a retirement annuity computed as follows:

(i) for periods of service as a noncovered employee: if retirement occurs on or after January 1, 2001, 3% of final average compensation for each year of creditable service; if retirement occurs before January 1, 2001, 2 1/4% of final average compensation for each of the first 10 years of creditable service, 2 1/2% for each year above 10 years to and including 20 years of creditable service, and 2 3/4% for each year of creditable service above 20 years; and

(ii) for periods of eligible creditable service as a covered employee: if retirement occurs on or after January 1, 2001, 2.5% of final average compensation for each year of creditable service; if retirement occurs before January 1, 2001, 1.67% of final average compensation for each of the first 10 years of such service, 1.90% for each of the next 10 years of such service, 2.10% for each year of such service in excess of 20 but not exceeding 30, and 2.30% for each year in excess of 30.

Such annuity shall be subject to a maximum of 75% of final average compensation if retirement occurs before January 1, 2001 or to a maximum of 80% of final average compensation if retirement occurs on or after January 1, 2001.

These rates shall not be applicable to any service performed by a member as a covered employee which is not eligible creditable service. Service as a covered employee which is not eligible creditable service shall be subject to the rates and provisions of Section 14-108.

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(b) For the purpose of this Section, "eligible creditable service" means creditable service resulting from service in one or more of the following positions:

- (1) State policeman;
- (2) fire fighter in the fire protection service of a department;
- (3) air pilot;
- (4) special agent;
- (5) investigator for the Secretary of State;
- (6) conservation police officer;
- (7) investigator for the Department of Revenue;
- (8) security employee of the Department of Human Services;
- (9) Central Management Services security police officer;
- (10) security employee of the Department of Corrections;
- (11) dangerous drugs investigator;
- (12) investigator for the Department of State Police;
- (13) investigator for the Office of the Attorney General;
- (14) controlled substance inspector;
- (15) investigator for the Office of the State's Attorneys Appellate Prosecutor;
- (16) Commerce Commission police officer;
- (17) arson investigator;
- (18) State highway maintenance worker;
- (19) tollway employee.

A person employed in one of the positions specified in this subsection is entitled to eligible creditable service for service credit earned under this Article while undergoing the basic police training course approved by the Illinois Law Enforcement Training Standards Board, if completion of that training is required of persons serving in that position. For the purposes of this Code, service during the required basic police training course shall be deemed performance of the duties of the specified position, even though the person is not a sworn peace officer at the time of the training.

(c) For the purposes of this Section:

(1) The term "state policeman" includes any title or position in the Department of State Police that is held by an individual employed under the State Police Act.

(2) The term "fire fighter in the fire protection service of a department" includes all officers in such fire protection service including fire chiefs and assistant fire chiefs.

(3) The term "air pilot" includes any employee whose official job description on file in the Department of Central Management Services, or in the department by which he is employed if that department is not covered by the Personnel Code, states that his principal duty is the operation of aircraft, and who possesses a pilot's license; however, the change in this definition made by this amendatory Act of 1983 shall not operate to exclude any noncovered employee who was an "air pilot" for the purposes of this Section on January 1, 1984.

(4) The term "special agent" means any person who by reason of employment by the Division of Narcotic Control, the Bureau of Investigation or, after July 1, 1977, the Division of Criminal Investigation, the Division of Internal Investigation, the Division of Operations, or any other Division or organizational entity in the Department of State Police is vested by law with duties to maintain public order, investigate violations of the criminal law of this State, enforce the laws of this State, make arrests and recover property. The term "special agent" includes any title or position in the Department of State Police that is held by an individual employed under the State Police Act.

(5) The term "investigator for the Secretary of State" means any person employed by the Office of the Secretary of State and vested with such investigative duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act.

A person who became employed as an investigator for the Secretary of State between January 1, 1967 and December 31, 1975, and who has served as such until attainment of age 60, either continuously or with a single break in service of not more than 3 years duration, which break terminated before January 1, 1976, shall be entitled to have his retirement annuity calculated in accordance with subsection (a), notwithstanding that he has less than 20 years of credit for such service.

(6) The term "Conservation Police Officer" means any person employed by the Division of Law Enforcement of the Department of Natural Resources and vested with such law enforcement duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D), and 218(l)(1) of that Act. The term "Conservation Police Officer" includes the

positions of Chief Conservation Police Administrator and Assistant Conservation Police Administrator.

(7) The term "investigator for the Department of Revenue" means any person employed by the Department of Revenue and vested with such investigative duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act.

(8) The term "security employee of the Department of Human Services" means any person employed by the Department of Human Services who (i) is employed at the Chester Mental Health Center and has daily contact with the residents thereof, (ii) is employed within a security unit at a facility operated by the Department and has daily contact with the residents of the security unit, (iii) is employed at a facility operated by the Department that includes a security unit and is regularly scheduled to work at least 50% of his or her working hours within that security unit, or (iv) is a mental health police officer. "Mental health police officer" means any person employed by the Department of Human Services in a position pertaining to the Department's mental health and developmental disabilities functions who is vested with such law enforcement duties as render the person ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act. "Security unit" means that portion of a facility that is devoted to the care, containment, and treatment of persons committed to the Department of Human Services as sexually violent persons, persons unfit to stand trial, or persons not guilty by reason of insanity. With respect to past employment, references to the Department of Human Services include its predecessor, the Department of Mental Health and Developmental Disabilities.

The changes made to this subdivision (c)(8) by Public Act 92-14 apply to persons who retire on or after January 1, 2001, notwithstanding Section 1-103.1.

(9) "Central Management Services security police officer" means any person employed by the Department of Central Management Services who is vested with such law enforcement duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act.

(10) The term "security employee of the Department of Corrections" means any employee of the Department of Corrections or the former Department of Personnel, and any member or employee of the Prisoner Review Board, who has daily contact with inmates by working within a correctional facility or who is a parole officer or an employee who has direct contact with committed persons in the performance of his or her job duties.

(11) The term "dangerous drugs investigator" means any person who is employed as such by the Department of Human Services.

(12) The term "investigator for the Department of State Police" means a person employed by the Department of State Police who is vested under Section 4 of the Narcotic Control Division Abolition Act with such law enforcement powers as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act.

(13) "Investigator for the Office of the Attorney General" means any person who is employed as such by the Office of the Attorney General and is vested with such investigative duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act. For the period before January 1, 1989, the term includes all persons who were employed as investigators by the Office of the Attorney General, without regard to social security status.

(14) "Controlled substance inspector" means any person who is employed as such by the Department of Professional Regulation and is vested with such law enforcement duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D) and 218(l)(1) of that Act. The term "controlled substance inspector" includes the Program Executive of Enforcement and the Assistant Program Executive of Enforcement.

(15) The term "investigator for the Office of the State's Attorneys Appellate Prosecutor" means a person employed in that capacity on a full time basis under the authority of Section 7.06 of the State's Attorneys Appellate Prosecutor's Act.

(16) "Commerce Commission police officer" means any person employed by the Illinois Commerce Commission who is vested with such law enforcement duties as render him ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D), and 218(l)(1) of that Act.

(17) "Arson investigator" means any person who is employed as such by the Office of the State Fire Marshal and is vested with such law enforcement duties as render the person ineligible for coverage under the Social Security Act by reason of Sections 218(d)(5)(A), 218(d)(8)(D), and

218(l)(1) of that Act. A person who was employed as an arson investigator on January 1, 1995 and is no longer in service but not yet receiving a retirement annuity may convert his or her creditable service for employment as an arson investigator into eligible creditable service by paying to the System the difference between the employee contributions actually paid for that service and the amounts that would have been contributed if the applicant were contributing at the rate applicable to persons with the same social security status earning eligible creditable service on the date of application.

(18) The term "State highway maintenance worker" means a person who is either of the following:

(i) A person employed on a full-time basis by the Illinois Department of Transportation in the position of highway maintainer, highway maintenance lead worker, highway maintenance lead/lead worker, heavy construction equipment operator, power shovel operator, or bridge mechanic; and whose principal responsibility is to perform, on the roadway, the actual maintenance necessary to keep the highways that form a part of the State highway system in serviceable condition for vehicular traffic.

(ii) A person employed on a full-time basis by the Illinois State Toll Highway Authority in the position of equipment operator/laborer H-4, equipment operator/laborer H-6, welder H-4, welder H-6, mechanical/electrical H-4, mechanical/electrical H-6, water/sewer H-4, water/sewer H-6, sign maker/hanger H-4, sign maker/hanger H-6, roadway lighting H-4, roadway lighting H-6, structural H-4, structural H-6, painter H-4, or painter H-6; and whose principal responsibility is to perform, on the roadway, the actual maintenance necessary to keep the Authority's tollways in serviceable condition for vehicular traffic.

(19) The term "tollway employee" means a person employed by the Illinois Toll Highway Authority as a lane walker, senior lane walker, toll collector, senior toll collector, clerk, money room truck driver, money room cash handler, custodian II, or custodian III.

(d) A security employee of the Department of Corrections, and a security employee of the Department of Human Services who is not a mental health police officer, shall not be eligible for the alternative retirement annuity provided by this Section unless he or she meets the following minimum age and service requirements at the time of retirement:

(i) 25 years of eligible creditable service and age 55; or

(ii) beginning January 1, 1987, 25 years of eligible creditable service and age 54, or 24 years of eligible creditable service and age 55; or

(iii) beginning January 1, 1988, 25 years of eligible creditable service and age 53, or 23 years of eligible creditable service and age 55; or

(iv) beginning January 1, 1989, 25 years of eligible creditable service and age 52, or 22 years of eligible creditable service and age 55; or

(v) beginning January 1, 1990, 25 years of eligible creditable service and age 51, or 21 years of eligible creditable service and age 55; or

(vi) beginning January 1, 1991, 25 years of eligible creditable service and age 50, or 20 years of eligible creditable service and age 55.

Persons who have service credit under Article 16 of this Code for service as a security employee of the Department of Corrections or the Department of Human Services in a position requiring certification as a teacher may count such service toward establishing their eligibility under the service requirements of this Section; but such service may be used only for establishing such eligibility, and not for the purpose of increasing or calculating any benefit.

(e) If a member enters military service while working in a position in which eligible creditable service may be earned, and returns to State service in the same or another such position, and fulfills in all other respects the conditions prescribed in this Article for credit for military service, such military service shall be credited as eligible creditable service for the purposes of the retirement annuity prescribed in this Section.

(f) For purposes of calculating retirement annuities under this Section, periods of service rendered after December 31, 1968 and before October 1, 1975 as a covered employee in the position of special agent, conservation police officer, mental health police officer, or investigator for the Secretary of State, shall be deemed to have been service as a noncovered employee, provided that the employee pays to the System prior to retirement an amount equal to (1) the difference between the employee contributions that would have been required for such service as a noncovered employee, and the amount of employee contributions actually paid, plus (2) if payment is made after July 31, 1987, regular interest on the amount specified in item (1) from the date of service to the date of payment.

For purposes of calculating retirement annuities under this Section, periods of service rendered after December 31, 1968 and before January 1, 1982 as a covered employee in the position of investigator for

the Department of Revenue shall be deemed to have been service as a noncovered employee, provided that the employee pays to the System prior to retirement an amount equal to (1) the difference between the employee contributions that would have been required for such service as a noncovered employee, and the amount of employee contributions actually paid, plus (2) if payment is made after January 1, 1990, regular interest on the amount specified in item (1) from the date of service to the date of payment.

(g) A State policeman may elect, not later than January 1, 1990, to establish eligible creditable service for up to 10 years of his service as a policeman under Article 3, by filing a written election with the Board, accompanied by payment of an amount to be determined by the Board, equal to (i) the difference between the amount of employee and employer contributions transferred to the System under Section 3-110.5, and the amounts that would have been contributed had such contributions been made at the rates applicable to State policemen, plus (ii) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment.

Subject to the limitation in subsection (i), a State policeman may elect, not later than July 1, 1993, to establish eligible creditable service for up to 10 years of his service as a member of the County Police Department under Article 9, by filing a written election with the Board, accompanied by payment of an amount to be determined by the Board, equal to (i) the difference between the amount of employee and employer contributions transferred to the System under Section 9-121.10 and the amounts that would have been contributed had those contributions been made at the rates applicable to State policemen, plus (ii) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment.

(h) Subject to the limitation in subsection (i), a State policeman or investigator for the Secretary of State may elect to establish eligible creditable service for up to 12 years of his service as a policeman under Article 5, by filing a written election with the Board on or before January 31, 1992, and paying to the System by January 31, 1994 an amount to be determined by the Board, equal to (i) the difference between the amount of employee and employer contributions transferred to the System under Section 5-236, and the amounts that would have been contributed had such contributions been made at the rates applicable to State policemen, plus (ii) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment.

Subject to the limitation in subsection (i), a State policeman, conservation police officer, or investigator for the Secretary of State may elect to establish eligible creditable service for up to 10 years of service as a sheriff's law enforcement employee under Article 7, by filing a written election with the Board on or before January 31, 1993, and paying to the System by January 31, 1994 an amount to be determined by the Board, equal to (i) the difference between the amount of employee and employer contributions transferred to the System under Section 7-139.7, and the amounts that would have been contributed had such contributions been made at the rates applicable to State policemen, plus (ii) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment.

(i) The total amount of eligible creditable service established by any person under subsections (g), (h), (j), (k), and (l) of this Section shall not exceed 12 years.

(j) Subject to the limitation in subsection (i), an investigator for the Office of the State's Attorneys Appellate Prosecutor or a controlled substance inspector may elect to establish eligible creditable service for up to 10 years of his service as a policeman under Article 3 or a sheriff's law enforcement employee under Article 7, by filing a written election with the Board, accompanied by payment of an amount to be determined by the Board, equal to (1) the difference between the amount of employee and employer contributions transferred to the System under Section 3-110.6 or 7-139.8, and the amounts that would have been contributed had such contributions been made at the rates applicable to State policemen, plus (2) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment.

(k) Subject to the limitation in subsection (i) of this Section, an alternative formula employee may elect to establish eligible creditable service for periods spent as a full-time law enforcement officer or full-time corrections officer employed by the federal government or by a state or local government located outside of Illinois, for which credit is not held in any other public employee pension fund or retirement system. To obtain this credit, the applicant must file a written application with the Board by March 31, 1998, accompanied by evidence of eligibility acceptable to the Board and payment of an amount to be determined by the Board, equal to (1) employee contributions for the credit being established, based upon the applicant's salary on the first day as an alternative formula employee after the employment for which credit is being established and the rates then applicable to alternative formula employees, plus (2) an amount determined by the Board to be the employer's normal cost of the benefits accrued for the credit being established, plus (3) regular interest on the amounts in items (1) and (2) from

the first day as an alternative formula employee after the employment for which credit is being established to the date of payment.

(l) Subject to the limitation in subsection (i), a security employee of the Department of Corrections may elect, not later than July 1, 1998, to establish eligible creditable service for up to 10 years of his or her service as a policeman under Article 3, by filing a written election with the Board, accompanied by payment of an amount to be determined by the Board, equal to (i) the difference between the amount of employee and employer contributions transferred to the System under Section 3-110.5, and the amounts that would have been contributed had such contributions been made at the rates applicable to security employees of the Department of Corrections, plus (ii) interest thereon at the effective rate for each year, compounded annually, from the date of service to the date of payment. (Source: P.A. 91-357, eff. 7-29-99; 91-760, eff. 1-1-01; 92-14, eff. 6-28-01; 92-257, eff. 8-6-01; 92-651, eff. 7-11-02.)

Section 99. Effective date. This Act takes effect upon becoming law."

The motion prevailed.

And the amendment was adopted, and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

Senator Burzynski asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

At the hour of 2:50 o'clock p.m., the Chair announced that the Senate stand at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 3:05 o'clock p.m., the Senate resumed consideration of business.

Senator Welch, presiding.

HOUSE BILLS RECALLED

On motion of Senator Schoenberg, **House Bill No. 700** was recalled from the order of third reading to the order of second reading.

Senator Schoenberg offered the following amendment:

AMENDMENT NO. 5

AMENDMENT NO. 5. Amend House Bill 700 by replacing everything after the enacting clause with the following:

"Section 5.

The State Finance Act is amended by adding Sections 5.620 and 6z-56 and changing Section 8h as follows:

(30 ILCS 105/5.620 new)

Sec. 5.620. The Health Care Services Trust Fund.

(30 ILCS 105/6z-56 new)

Sec. 6z-56. The Health Care Services Trust Fund. The Health Care Services Trust Fund is hereby created as a special fund in the State treasury.

The Fund shall consist of moneys deposited, transferred, or appropriated into the Fund from units of local government other than a county with a population greater than 3,000,000, from the State, from federal matching funds, or from any other legal source.

Subject to appropriation, the moneys in the Fund shall be used by the Department of Public Aid to make payments to providers of services covered under the Medicaid or State Children's Health Insurance programs. Payments may be made out of the Fund only to providers located within the geographic jurisdiction of units of local government that make deposits, transfers, or appropriations into the Fund.

The Department of Public Aid shall adopt rules concerning application for and disbursement of the moneys in the Fund.

(30 ILCS 105/8h)

Sec. 8h. Transfers to General Revenue Fund. Notwithstanding any other State law to the contrary, the Director of the Governor's Office of Management and Budget ~~Bureau of the Budget~~ may from time to time direct the State Treasurer and Comptroller to transfer a specified sum from any fund held by the

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State Treasurer to the General Revenue Fund in order to help defray the State's operating costs for the fiscal year. The total transfer under this Section from any fund in any fiscal year shall not exceed the lesser of 8% of the revenues to be deposited into the fund during that year or 25% of the beginning balance in the fund. No transfer may be made from a fund under this Section that would have the effect of reducing the available balance in the fund to an amount less than the amount remaining unexpended and unreserved from the total appropriation from that fund for that fiscal year. This Section does not apply to any funds that are restricted by federal law to a specific use or to any funds in the Motor Fuel Tax Fund or the Hospital Provider Fund. Notwithstanding any other provision of this Section, the total transfer under this Section from the Road Fund or the State Construction Account Fund shall not exceed 5% of the revenues to be deposited into the fund during that year.

In determining the available balance in a fund, the Director of the Governor's Office of Management and Budget Bureau of the Budget may include receipts, transfers into the fund, and other resources anticipated to be available in the fund in that fiscal year.

The State Treasurer and Comptroller shall transfer the amounts designated under this Section as soon as may be practicable after receiving the direction to transfer from the Director of the Governor's Office of Management and Budget Bureau of the Budget. (Source: P.A. 93-32, eff. 6-20-03; revised 8-21-03.)

Section 10.

The Illinois Public Aid Code is amended by changing Sections 5-5.4, 5A-1, 5A-2, 5A-3, 5A-4, 5A-5, 5A-7, 5A-8, 5A-10, 14-1, and 14-8 and by adding Sections 5A-12, 5A-13, and 5A-14 as follows:

(305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

Sec. 5-5.4. Standards of Payment - Department of Public Aid. The Department of Public Aid shall develop standards of payment of skilled nursing and intermediate care services in facilities providing such services under this Article which:

(1) Provide for the determination of a facility's payment for skilled nursing and intermediate care services on a prospective basis. The amount of the payment rate for all nursing facilities certified by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities, Long Term Care for Under Age 22 facilities, Skilled Nursing facilities, or Intermediate Care facilities under the medical assistance program shall be prospectively established annually on the basis of historical, financial, and statistical data reflecting actual costs from prior years, which shall be applied to the current rate year and updated for inflation, except that the capital cost element for newly constructed facilities shall be based upon projected budgets. The annually established payment rate shall take effect on July 1 in 1984 and subsequent years. No rate increase and no update for inflation shall be provided on or after July 1, 1994 and before July 1, 2004, unless specifically provided for in this Section.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1998 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1998 shall include an increase of 3% plus \$1.10 per resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% plus \$3.00 per resident-day, as defined by the Department. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% and, for services provided on or after October 1, 1999, shall be increased by \$4.00 per resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 2000 shall include an increase of 2.5% per resident-day, as defined by the Department. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 2000 shall include an increase of 2.5% per resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, a new payment methodology must be implemented for the nursing component of the rate effective July 1, 2003. The Department of Public Aid shall develop the new payment methodology using the Minimum Data Set (MDS) as the instrument to collect information concerning nursing home resident condition necessary to compute the rate. The Department of Public Aid shall develop the new payment methodology to meet the unique needs of

Illinois nursing home residents while remaining subject to the appropriations provided by the General Assembly. A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect on July 1, 2003 shall be provided for a period not exceeding 4 2 years after implementation of the new payment methodology as follows:

(A) For a facility that would receive a lower nursing component rate per patient day under the new system than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be held at the level in effect on the date immediately preceding the date that the Department implements the new payment methodology until a higher nursing component rate of reimbursement is achieved by that facility.

(B) For a facility that would receive a higher nursing component rate per patient day under the payment methodology in effect on July 1, 2003 than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be adjusted.

(C) Notwithstanding paragraphs (A) and (B), the nursing component rate per patient day for the facility shall be adjusted subject to appropriations provided by the General Assembly.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on March 1, 2001 shall include a statewide increase of 7.85%, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on April 1, 2002 shall include a statewide increase of 2.0%, as defined by the Department. This increase terminates on July 1, 2002; beginning July 1, 2002 these rates are reduced to the level of the rates in effect on March 31, 2002, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the rates taking effect on July 1, 2001 shall be computed using the most recent cost reports on file with the Department of Public Aid no later than April 1, 2000, updated for inflation to January 1, 2001. For rates effective July 1, 2001 only, rates shall be the greater of the rate computed for July 1, 2001 or the rate effective on June 30, 2001.

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the Illinois Department shall determine by rule the rates taking effect on July 1, 2002, which shall be 5.9% less than the rates in effect on June 30, 2002.

Rates established effective each July 1 shall govern payment for services rendered throughout that fiscal year, except that rates established on July 1, 1996 shall be increased by 6.8% for services provided on or after January 1, 1997. Such rates will be based upon the rates calculated for the year beginning July 1, 1990, and for subsequent years thereafter until June 30, 2001 shall be based on the facility cost reports for the facility fiscal year ending at any point in time during the previous calendar year, updated to the midpoint of the rate year. The cost report shall be on file with the Department no later than April 1 of the current rate year. Should the cost report not be on file by April 1, the Department shall base the rate on the latest cost report filed by each skilled care facility and intermediate care facility, updated to the midpoint of the current rate year. In determining rates for services rendered on and after July 1, 1985, fixed time shall not be computed at less than zero. The Department shall not make any alterations of regulations which would reduce any component of the Medicaid rate to a level below what that component would have been utilizing in the rate effective on July 1, 1984.

(2) Shall take into account the actual costs incurred by facilities in providing services for recipients of skilled nursing and intermediate care services under the medical assistance program.

(3) Shall take into account the medical and psycho-social characteristics and needs of the patients

(4) Shall take into account the actual costs incurred by facilities in meeting licensing and certification standards imposed and prescribed by the State of Illinois, any of its political subdivisions or municipalities and by the U.S. Department of Health and Human Services pursuant to Title XIX of the Social Security Act.

The Department of Public Aid shall develop precise standards for payments to reimburse nursing facilities for any utilization of appropriate rehabilitative personnel for the provision of rehabilitative services which is authorized by federal regulations, including reimbursement for services provided by qualified therapists or qualified assistants, and which is in accordance with accepted professional practices. Reimbursement also may be made for utilization of other supportive personnel under appropriate supervision. (Source: P.A. 92-10, eff. 6-11-01; 92-31, eff. 6-28-01; 92-597, eff. 6-28-02; 92-

651, eff. 7-11-02; 92-848, eff. 1-1-03; 93-20, eff. 6-20-03.)

(305 ILCS 5/5A-1) (from Ch. 23, par. 5A-1)

Sec. 5A-1. Definitions. As used in this Article, unless the context requires otherwise:

"Fund" means the Hospital Provider Fund.

"Hospital" means an institution, place, building, or agency located in this State that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.

"Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this paragraph, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.

"Occupied bed days" means the sum of the number of days that each bed was occupied by a patient for all beds during calendar year 2001. Occupied bed days shall be computed separately for each hospital operated or maintained by a hospital provider.

~~"Adjusted gross hospital revenue" shall be determined separately for each hospital conducted, operated, or maintained by a hospital provider, and means the hospital provider's total gross patient revenues less Medicare contractual allowances, but does not include gross patient revenue (and the portion of any Medicare contractual allowance related thereto) from skilled or intermediate long term care services within the meaning of Title XVIII or XIX of the Social Security Act.~~

~~"Intergovernmental transfer payment" means the payments established under Section 15-3 of this Code, and includes without limitation payments payable under that Section for July, August, and September of 1992. (Source: P.A. 87-861; 88-88.)~~

(305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

Sec. 5A-2. Assessment; no local authorization to tax. (a) Subject to Sections 5A-3 and 5A-10, an annual assessment on inpatient services is imposed on each hospital provider for State fiscal years 2004 and 2005 in an amount equal to the hospital's occupied bed days multiplied by \$84.19.

The Department of Public Aid shall use the number of occupied bed days as reported by each hospital on the Annual Survey of Hospitals conducted by the Department of Public Health to calculate the hospital's annual assessment. If the sum of a hospital's occupied bed days is not reported on the Annual Survey of Hospitals, then the Department of Public Aid may obtain the sum of occupied bed days from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department of Public Aid or its duly authorized agents and employees. For the privilege of engaging in the occupation of hospital provider, an assessment is imposed upon each hospital provider for the State fiscal year beginning on July 1, 1993 and ending on June 30, 1994, in an amount equal to 1.88% of the provider's adjusted gross hospital revenue for the most recent calendar year ending before the beginning of that State fiscal year.

Effective July 1, 1994 through June 30, 1996, an annual assessment is imposed upon each hospital provider in an amount equal to the provider's adjusted gross hospital revenue for the most recent calendar year ending before the beginning of that State fiscal year multiplied by the Provider's Savings Rate.

Effective July 1, 1996 through March 31, 1997, an assessment is imposed upon each hospital provider in an amount equal to three fourths of the provider's adjusted gross hospital revenue for calendar year 1995 multiplied by the Provider's Savings Rate. No assessment shall be imposed on or after April 1, 1997.

Before July 1, 1995, the Provider's Savings Rate is 1.88% multiplied by a fraction, the numerator of which is the Maximum Section 5A-2 Contribution minus the Cigarette Tax Contribution, and the denominator of which is the Maximum Section 5A-2 Contribution. Effective July 1, 1995, the Provider's Savings Rate is 1.25% multiplied by a fraction, the numerator of which is the Maximum Section 5A-2 Contribution minus the Cigarette Tax Contribution, and the denominator of which is the Maximum Section 5A-2 Contribution.

The Cigarette Tax Contribution is the sum of the total amount deposited in the Hospital Provider Fund in the previous State fiscal year pursuant to Section 2(a) of the Cigarette Tax Act, plus the total amount deposited in the Hospital Provider Fund in the previous State fiscal year pursuant to Section 5A-3(e) of this Code.

The Maximum Section 5A-2 Contribution is the total amount of tax imposed by this Section in the previous State fiscal year on providers subject to this Act, multiplied by a fraction the numerator of which is adjusted gross hospital revenues reported to the Department by providers subject to this Act for the previous State fiscal year and the denominator of which is adjusted gross hospital revenues reported

to the Department by providers subject to this Act for the State fiscal year immediately preceding the previous State fiscal year.

The Department shall notify hospital providers of the Provider's Savings Rate by mailing a notice to each provider's last known address as reflected by the records of the Illinois Department.

(b) Nothing in this amendatory Act of the 93rd General Assembly 1995 shall be construed to authorize any home rule unit or other unit of local government to license for revenue or to impose a tax or assessment upon hospital providers or the occupation of hospital provider, or a tax or assessment measured by the income or earnings of a hospital provider.

(c) As provided in Section 5A-14, this Section is repealed on July 1, 2005. (Source: P.A. 88-88; 89-21, eff. 7-1-95; 89-499, eff. 6-28-96.)

(305 ILCS 5/5A-3) (from Ch. 23, par. 5A-3)

Sec. 5A-3. Exemptions; intergovernmental transfers. (a) Blank. A hospital provider which is a county with a population of more than 3,000,000 that makes intergovernmental transfer payments as provided in Section 15-3 of this Code shall be exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the county shall pay the assessment imposed by Section 5A-2 for all assessment periods beginning on or after July 1, 1992, and the assessment so paid shall be creditable against the intergovernmental transfer payments.

(b) A hospital provider that is a State agency, a State university, or a county with a population of 3,000,000 or more is exempt from the assessment imposed by Section 5A-2. A hospital organized under the University of Illinois Hospital Act and exempt from the assessment imposed by Section 5A-2 is hereby authorized to enter into an interagency agreement with the Illinois Department to make intergovernmental transfer payments to the Illinois Department. These payments shall be deposited into the University of Illinois Hospital Services Fund or, if that Fund ceases to exist, into the General Revenue Fund.

(b-2) A hospital provider that is a county with a population of less than 3,000,000 or a township, municipality, hospital district, or any other local governmental unit is exempt from the assessment imposed by Section 5A-2.

(b-5) Blank. A hospital operated by the Department of Human Services in the course of performing its mental health and developmental disabilities functions is exempt from the assessment imposed by Section 5A-2.

(b-10) A hospital provider whose hospital does not charge for its services is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-15) A hospital provider whose hospital is licensed by the Department of Public Health as a psychiatric hospital is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-20) A hospital provider whose hospital is licensed by the Department of Public Health as a rehabilitation hospital is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-25) A hospital provider whose hospital (i) is not a psychiatric hospital, rehabilitation hospital, or children's hospital and (ii) has an average length of inpatient stay greater than 25 days is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(c) Blank. The Illinois Department is hereby authorized to enter into agreements with publicly owned or operated hospitals to make intergovernmental transfer payments to the Illinois Department. These payments shall be deposited into the Hospital Provider Fund, except that any payments arising under an agreement with a hospital organized under the University of Illinois Hospital Act shall be deposited into the University of Illinois Hospital Services Fund, if that Fund exists. (Source: P.A. 88-88; 88-554, eff. 7-26-94; 89-21, eff. 7-1-95; 89-507, eff. 7-1-97.)

(305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

Sec. 5A-4. Payment of assessment; penalty. (a) The annual assessment imposed by Section 5A-2 for State fiscal year 2004 shall be due and payable on June 18 of the year. The assessment imposed by Section 5A-2 for a State fiscal year 2005 shall be due and payable in quarterly installments, each equalling one-fourth of the assessment for the year, on July 19, October 19, January 18, and April 19 ~~September 30, December 31, March 31, and May 31 of the year; except that for the period July 1, 1996 through March 31, 1997, the assessment imposed by Section 5A-2 for that period shall be due and payable in 3 equal installments on September 30, December 31, and March 31 of that period. No~~

installment payment of an assessment imposed by Section 5A-2 shall be due and payable, however, until after: (i) the hospital provider receives written notice from the Department of Public Aid that the payment methodologies to hospitals required under Section 5A-12 have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services and the waiver under 42 CFR 433.68 for the assessment imposed by Section 5A-2 has been granted by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services; and (ii) the hospital has received the payments required under Section 5A-12.

(b) The Illinois Department is authorized to establish delayed payment schedules for hospital providers that are unable to make installment payments when due under this Section due to financial difficulties, as determined by the Illinois Department.

(c) If a hospital provider fails to pay the full amount of an installment when due (including any extensions granted under subsection (b)), there shall, unless waived by the Illinois Department for reasonable cause, be added to the assessment imposed by Section 5A-2 a penalty assessment equal to the lesser of (i) 5% of the amount of the installment not paid on or before the due date plus 5% of the portion thereof remaining unpaid on the last day of each 30-day period month thereafter or (ii) 100% of the installment amount not paid on or before the due date. For purposes of this subsection, payments will be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments. (Source: P.A. 88-88; 89-499, eff. 6-28-96.)

(305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

Sec. 5A-5. Notice Reporting; penalty; maintenance of records. (a) After December 31 of each year (except as otherwise provided in this subsection), and on or before March 31 of the succeeding year, the Department of Public Aid shall send a notice of assessment to every hospital provider subject to assessment under this Article ~~shall file a return with the Illinois Department~~. The notice of assessment shall notify the hospital of its return shall report the adjusted gross hospital revenue from the calendar year just ended and shall be utilized by the Illinois Department to calculate the assessment for the State fiscal year commencing on the next July 1, except that the notice return for the State fiscal year commencing July 1, 2003 1992 and the report of revenue for calendar year 1994 shall be sent filed on or before December 15, 2003 September 30, 1992. The notice return shall be on a form prepared by the Illinois Department and shall state the following:

(1) The name of the hospital provider.

(2) The address of the hospital provider's principal place of business from which the provider engages in the occupation of hospital provider in this State, and the name and address of each hospital operated, conducted, or maintained by the provider in this State.

(3) The occupied bed days adjusted gross hospital revenue of the hospital provider ~~for the calendar year just ended~~, the amount of assessment imposed under Section 5A-2 for the State fiscal year for which the notice return is sent filed, and the amount of each quarterly installment to be paid during the State fiscal year.

(4) ~~(Blank). The amount of penalty due, if any.~~

(5) Other reasonable information as determined by the Illinois Department ~~requires~~.

(b) If a hospital provider conducts, operates, or maintains more than one hospital licensed by the Illinois Department of Public Health, the provider ~~shall may not file a single return covering all those hospitals, but shall file a separate return for each hospital and shall compute and pay the assessment for each hospital separately.~~

(c) Notwithstanding any other provision in this Article, in the case of a person who ceases to conduct, operate, or maintain a hospital in respect of which the person is subject to assessment under this Article as a hospital provider, the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under Section 5A-2 by a fraction, the numerator of which is the number of days months in the year during which the provider conducts, operates, or maintains the hospital and the denominator of which is 365 42. Immediately upon ceasing to conduct, operate, or maintain a hospital, the person shall pay file a final, amended return with the Illinois Department not more than 90 days after the cessation reflecting the adjustment and shall pay with the final return the assessment for the year as so adjusted (to the extent not previously paid).

(d) Notwithstanding any other provision in this Article, a provider who commences conducting, operating, or maintaining a hospital, upon notice by the Illinois Department, shall file an initial return for the State fiscal year in which the commencement occurs within 90 days thereafter and shall pay the assessment computed under Section 5A-2 and subsection (e) in equal installments on the due dates stated in the notice date of the return and on the regular installment due dates for the State fiscal year occurring after the due ~~dates date~~ of the initial notice return.

(e) Notwithstanding any other provision in this Article, in the case of a hospital provider that did not

conduct, operate, or maintain a hospital throughout ~~the calendar year 2001 preceding a State fiscal year,~~ the assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days adjusted gross hospital revenue for the full calendar year as determined by rules adopted by the Illinois Department (which may be based on annualization of the provider's actual revenues for a portion of the calendar year, or revenues of a comparable hospital for the year, including revenues realized by a prior provider from the same hospital during the year).

(f) (Blank). In the case of a hospital provider existing as a corporation or legal entity other than an individual, the return filed by it shall be signed by its president, vice president, secretary, or treasurer or by its properly authorized agent.

(g) (Blank). If a hospital provider fails to file its return for a State fiscal year on or before the due date of the return, there shall, unless waived by the Illinois Department for reasonable cause, be added to the assessment imposed by Section 5A-2 for the State fiscal year a penalty assessment equal to 25% of the assessment imposed for the year.

(h) (Blank). ~~Every hospital provider subject to assessment under this Article shall keep sufficient records to permit the determination of adjusted gross hospital revenue on a calendar year basis. All such records shall be kept in the English language and shall, at all times during business hours of the day, be subject to inspection by the Illinois Department or its duly authorized agents and employees. (Source: P.A. 87-861.)~~

(305 ILCS 5/5A-7) (from Ch. 23, par. 5A-7)

Sec. 5A-7. Administration; enforcement provisions. (a) To the extent practicable, the Illinois Department shall administer and enforce this Article and collect the assessments, interest, and penalty assessments imposed under this Article using procedures employed in its administration of this Code generally and, as it deems appropriate, in a manner similar to that in which the Department of Revenue administers and collects the retailers' occupation tax under the Retailers' Occupation Tax Act ("ROTA"). Instead of certificates of registration, the Illinois Department shall establish and maintain a listing of all hospital providers appearing in the licensing records of the Department of Public Health, which shall show each provider's name, principal place of business, and the name and address of each hospital operated, conducted, or maintained by the provider in this State. In addition, the following specified provisions of the Retailers' Occupation Tax Act are incorporated by reference into this Section except that the Illinois Department and its Director (rather than the Department of Revenue and its Director) and every hospital provider subject to assessment measured by occupied bed days adjusted gross hospital revenue and to the return filing requirements of this Article (rather than persons subject to retailers' occupation tax measured by gross receipts from the sale of tangible personal property at retail and to the return filing requirements of ROTA) shall have the powers, duties, and rights specified in these ROTA provisions, as modified in this Section or by the Illinois Department in a manner consistent with this Article and except as manifestly inconsistent with the other provisions of this Article:

(1) ROTA, Section 4 (examination of return; notice of correction; evidence; limitations; protest and hearing), except that (i) the Illinois Department shall issue notices of assessment liability (rather than notices of tax liability as provided in ROTA, Section 4); (ii) in the case of a fraudulent return or in the case of an extended period agreed to by the Illinois Department and the hospital provider before the expiration of the limitation period, no notice of assessment liability shall be issued more than 3 years after the later of the due date of the return required by Section 5A-5 or the date the return (or an amended return) was filed (rather within the period stated in ROTA, Section 4); and (iii) the penalty provisions of ROTA, Section 4 shall not apply.

(2) ROTA, Sec. 5 (failure to make return; failure to pay assessment), except that the penalty and interest provisions of ROTA, Section 5 shall not apply.

(3) ROTA, Section 5a (lien; attachment; termination; notice; protest; review; release of lien; status of lien).

(4) ROTA, Section 5b (State lien notices; State lien index; duties of recorder and registrar of titles).

(5) ROTA, Section 5c (liens; certificate of release).

(6) ROTA, Section 5d (Department not required to furnish bond; claim to property attached or levied upon).

(7) ROTA, Section 5e (foreclosure on liens; enforcement).

(8) ROTA, Section 5f (demand for payment; levy and sale of property; limitation).

(9) ROTA, Section 5g (sale of property; redemption).

(10) ROTA, Section 5j (sales on transfers outside usual course of business; report; payment of assessment; rights and duties of purchaser; penalty), except that notice shall be provided to the Illinois Department as specified by rule.

(11) ROTA, Section 6 (erroneous payments; credit or refund), provided that (i) the Illinois Department may only apply an amount otherwise subject to credit or refund to a liability arising under this Article; (ii) except in the case of an extended period agreed to by the Illinois Department and the hospital provider before the expiration of this limitation period, a claim for credit or refund must be filed no more than 3 years after the due date of the return required by Section 5A-5 (rather than the time limitation stated in ROTA, Section 6); and (iii) credits or refunds shall not bear interest.

(12) ROTA, Section 6a (claims for credit or refund).

(13) ROTA, Section 6b (tentative determination of claim; notice; hearing; review), provided that a hospital provider or its representative shall have 60 days (rather than 20 days) within which to file a protest and request for hearing in response to a tentative determination of claim.

(14) ROTA, Section 6c (finality of tentative determinations).

(15) ROTA, Section 8 (investigations and hearings).

(16) ROTA, Section 9 (witness; immunity).

(17) ROTA, Section 10 (issuance of subpoenas; attendance of witnesses; production of books and records).

(18) ROTA, Section 11 (information confidential; exceptions).

(19) ROTA, Section 12 (rules and regulations; hearing; appeals), except that a hospital provider shall not be required to file a bond or be subject to a lien in lieu thereof in order to seek court review under the Administrative Review Law of a final assessment or revised final assessment or the equivalent thereof issued by the Illinois Department under this Article.

(b) In addition to any other remedy provided for and without sending a notice of assessment liability, the Illinois Department may collect an unpaid assessment by withholding, as payment of the assessment, reimbursements or other amounts otherwise payable by the Illinois Department to the provider. (Source: P.A. 87-861.)

(305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

Sec. 5A-8. Hospital Provider Fund. (a) There is created in the State Treasury the Hospital Provider Fund. Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any moneys appropriated to the Medicaid program by the General Assembly.

(b) The Fund is created for the purpose of receiving moneys in accordance with Section 5A-6 and disbursing moneys only for the following purposes, notwithstanding any other provision of law as follows:

(1) For making payments to hospitals as required under Articles V, VI, and XIV hospital inpatient care, hospital ambulatory care, and disproportionate share hospital distributive expenditures made under Title XIX of the Social Security Act and Article V of this Code and under the Children's Health Insurance Program Act.

(2) For the reimbursement of moneys collected by the Illinois Department from hospitals or hospital providers through error or mistake in performing the activities authorized under this Article and Article V of this Code and for making required payments under Section 14-9 of this Code if there are no moneys available for those payments in the Hospital Services Trust Fund.

(3) For payment of administrative expenses incurred by the Illinois Department or its agent in performing the activities authorized by this Article.

(4) For payments of any amounts which are reimbursable to the federal government for payments from this Fund which are required to be paid by State warrant.

(5) For making transfers ~~to the General Obligation Bond Retirement and Interest Fund~~, as those transfers are authorized in the proceedings authorizing debt under the Short Term Borrowing Act, but transfers made under this paragraph (5) shall not exceed the principal amount of debt issued in anticipation of the receipt by the State of moneys to be deposited into the Fund.

(6) For making transfers to any other fund in the State treasury, but transfers made under this paragraph (6) shall not exceed the amount transferred previously from that other fund into the Hospital Provider Fund.

(7) For making refunds to hospital providers pursuant to Section 5A-10.

Disbursements from the Fund, other than transfers authorized under paragraphs (5) and (6) of this subsection to the General Obligation Bond Retirement and Interest Fund, shall be by warrants drawn by the State Comptroller upon receipt of vouchers duly executed and certified by the Illinois Department.

(c) The Fund shall consist of the following:

(1) All moneys collected or received by the Illinois Department from the hospital provider assessment imposed by this Article.

(2) All federal matching funds received by the Illinois Department as a result of expenditures made by the Illinois Department that are attributable to moneys deposited in the Fund.

(3) Any interest or penalty levied in conjunction with the administration of this Article.

(4) ~~Moneys transferred from another fund in the State treasury. Any balance in the Hospital Services Trust Fund in the State Treasury. The balance shall be transferred to the Fund upon certification by the Illinois Department to the State Comptroller that all of the disbursements required by Section 14-2(b) of this Code have been made.~~

(5) All other moneys received for the Fund from any other source, including interest earned thereon.

(d) ~~(Blank). The Fund shall cease to exist on October 1, 1999. Any balance in the Fund as of that date shall be transferred to the General Revenue Fund. Any moneys that otherwise would be paid into the Fund on or after that date shall be deposited into the General Revenue Fund. Any disbursements on or after that date that otherwise would be made from the Fund may be appropriated by the General Assembly from the General Revenue Fund.~~ (Source: P.A. 89-626, eff. 8-9-96; 90-587, eff. 7-1-98.)

(305 ILCS 5/5A-10) (from Ch. 23, par. 5A-10)

Sec. 5A-10. Applicability. (a) ~~The assessment imposed by Section 5A-2 shall not take effect or shall cease to be imposed, and any moneys remaining in the Fund shall be refunded to hospital providers in proportion to the amounts paid by them, if:~~

~~(1) the sum of the appropriations for State fiscal years 2004 and 2005 from the General Revenue Fund for hospital payments under the medical assistance program is less than \$4,250,000,000; or~~

~~(2) the Department of Public Aid makes changes in its rules that reduce the hospital inpatient or outpatient payment rates, including adjustment payment rates, in effect on October 1, 2003, except for hospitals described in subsection (b) of Section 5A-3 and except for changes in outpatient payment rates made to comply with the federal Health Insurance Portability and Accountability Act, so long as those changes do not reduce aggregate expenditures below the amount expended in State fiscal year 2003 for such services; or~~

~~(3) the payments to hospitals required under Section 5A-12 are changed or are not eligible for federal matching funds under Title XIX or XXI of the Social Security Act.~~

~~(b) The assessment imposed by Section 5A-2 shall not take effect or shall cease to be imposed if the assessment is determined to be an impermissible tax amount of matching federal funds under Title XIX of the Social Security Act is eliminated or significantly reduced on account of the assessment. Moneys in the Hospital Provider Fund derived from assessments imposed prior thereto shall be disbursed in accordance with Section 5A-8 to the extent federal matching is not reduced due to the impermissibility of the assessments, and any remaining moneys assessments shall be refunded to hospital providers in proportion to the amounts paid by them. (Source: P.A. 87-861.)~~

(305 ILCS 5/5A-12 new)

Sec. 5A-12. Hospital access improvement payments.

(a) To improve access to hospital services, for hospital services rendered on or after January 1, 2004, the Department of Public Aid shall make payments to hospitals as set forth in this Section, except for hospitals described in subsection (b) of Section 5A-3. These payments shall be paid on a quarterly basis. For State fiscal year 2004, the Department shall pay the total amounts required under this Section; these amounts shall be paid on or before June 15 of the year. In subsequent State fiscal years, the total amounts required under this Section shall be paid in 4 equal installments on or before July 15, October 15, January 14, and April 15 of the year. Payments under this Section are not due and payable, however, until (i) the methodologies described in this Section are approved by the federal government in an appropriate State Plan amendment, (ii) the assessment imposed under this Article is determined to be a permissible tax under Title XIX of the Social Security Act, and (iii) the assessment is in effect.

(b) High volume payment. In addition to rates paid for inpatient hospital services, the Department of Public Aid shall pay, to each Illinois hospital that provided more than 20,000 Medicaid inpatient days of care during State fiscal year 2001 (except for hospitals that qualify for adjustment payments under Section 5-5.02 for the 12-month period beginning on October 1, 2002), \$190 for each Medicaid inpatient day of care provided during that fiscal year. A hospital that provided less than 30,000 Medicaid inpatient days of care during that period, however, is not entitled to receive more than \$3,500,000 per year in such payments.

(c) Medicaid inpatient utilization rate adjustment. In addition to rates paid for inpatient hospital services, the Department of Public Aid shall pay each Illinois hospital (except for hospitals described in Section 5A-3), for each Medicaid inpatient day of care provided during State fiscal year 2001, an amount equal to the product of \$57.25 multiplied by the quotient of 1 divided by the greater of 1.6% or the hospital's Medicaid inpatient utilization rate (as used to determine eligibility for adjustment payments under Section 5-5.02 for the 12-month period beginning on October 1, 2002). The total payments under this subsection to a hospital may not exceed \$10,500,000 annually.

(d) Psychiatric base rate adjustment.

(1) In addition to rates paid for inpatient psychiatric services, the Department of Public Aid shall pay each Illinois general acute care hospital with a distinct part-psychiatric unit, for each Medicaid inpatient psychiatric day of care provided in State fiscal year 2001, an amount equal to \$400 less the hospital's per-diem rate for Medicaid inpatient psychiatric services as in effect on October 1, 2003. In no event, however, shall that amount be less than zero.

(2) For distinct part-psychiatric units of Illinois general acute care hospitals, except for all hospitals excluded in Section 5A-3, whose inpatient per-diem rate as in effect on October 1, 2003 is greater than \$400, the Department shall pay, in addition to any other amounts authorized under this Code, \$25 for each Medicaid inpatient psychiatric day of care provided in State fiscal year 2001.

(e) Supplemental tertiary care adjustment. In addition to rates paid for inpatient services, the Department of Public Aid shall pay to each Illinois hospital eligible for tertiary care adjustment payments under 89 Ill. Adm. Code 148.296, as in effect for State fiscal year 2003, a supplemental tertiary care adjustment payment equal to the tertiary care adjustment payment required under 89 Ill. Adm. Code 148.296, as in effect for State fiscal year 2003.

(f) Medicaid outpatient utilization rate adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois hospital (except for hospitals described in Section 5A-3), an amount equal to the product of 2.45% multiplied by the hospital's Medicaid outpatient charges multiplied by the quotient of 1 divided by the greater of 1.6% or the hospital's Medicaid outpatient utilization rate. The total payments under this subsection to a hospital may not exceed \$6,750,000 annually.

For purposes of this subsection:

"Medicaid outpatient charges" means the charges for outpatient services provided to Medicaid patients for State fiscal year 2001 as submitted by the hospital on the UB-92 billing form or under the ambulatory procedure listing and adjudicated by the Department of Public Aid on or before September 12, 2003.

"Medicaid outpatient utilization rate" means a fraction, the numerator of which is the hospital's Medicaid outpatient charges and the denominator of which is the total number of the hospital's charges for outpatient services for the hospital's fiscal year ending in 2001.

(g) State outpatient service adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois hospital an amount equal to the product of 75.5% multiplied by the hospital's Medicaid outpatient services submitted to the Department on the UB-92 billing form for State fiscal year 2001 multiplied by the hospital's outpatient access fraction.

For purposes of this subsection, "outpatient access fraction" means a fraction, the numerator of which is the hospital's Medicaid payments for outpatient services for ambulatory procedure listing services submitted to the Department on the UB-92 billing form for State fiscal year 2001, and the denominator of which is the hospital's Medicaid outpatient services submitted to the Department on the UB-92 billing form for State fiscal year 2001.

The total payments under this subsection to a hospital may not exceed \$3,000,000 annually.

(h) Rural hospital outpatient adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois rural hospital an amount equal to the product of \$14,500,000 multiplied by the rural hospital outpatient adjustment fraction.

For purposes of this subsection, "rural hospital outpatient adjustment fraction" means a fraction, the numerator of which is the hospital's Medicaid visits for outpatient services for ambulatory procedure listing services submitted to the Department on the UB-92 billing form for State fiscal year 2001, and the denominator of which is the total Medicaid visits for outpatient services for ambulatory procedure listing services for all Illinois rural hospitals submitted to the Department on the UB-92 billing form for State fiscal year 2001.

For purposes of this subsection, "rural hospital" has the same meaning as in 89 Ill. Adm. Code 148.25, as in effect on September 30, 2003.

(i) For purposes of this Section, the terms "Medicaid days", "Medicaid charges", and "Medicaid services" do not include any days, charges, or services for which Medicare was liable for payment.

(j) As provided in Section 5A-14, this Section is repealed on July 1, 2005.

(305 ILCS 5/5A-13 new)

Sec. 5A-13. Emergency rulemaking. The Department of Public Aid may adopt rules necessary to implement this amendatory Act of the 93rd General Assembly through the use of emergency rulemaking in accordance with Section 5-45 of the Illinois Administrative Procedure Act. For purposes of that Act, the General Assembly finds that the adoption of rules to implement this amendatory Act of the 93rd General Assembly is deemed an emergency and necessary for the public interest, safety, and welfare.

(305 ILCS 5/5A-14 new)

Sec. 5A-14. Repeal of assessments and disbursements.

(a) Section 5A-2 is repealed on July 1, 2005.

(b) Section 5A-12 is repealed on July 1, 2005.

(305 ILCS 5/14-1) (from Ch. 23, par. 14-1)

Sec. 14-1. Definitions. As used in this Article, unless the context requires otherwise:

"Fund" means the Hospital Services Trust Fund.

"Estimated Rate Year Utilization" means the hospital's projected utilization for the State fiscal year in which the fee is due (for example, fiscal year 1992 for fees imposed in State fiscal year 1992, fiscal year 1993 for fees imposed in State fiscal year 1993, and so forth).

"Gross Receipts" means all payments for medical services delivered under Title XIX of the Social Security Act and Articles V, VI, and VII of this Code and shall mean any and all payments made by the Illinois Department, or a Division thereof, to a Medical Assistance Program provider certified to participate in the Illinois Medical Assistance Program, for services rendered eligible for Medical Assistance under Articles V, VI and VII of this Code, State regulations and the federal Medicaid Program as defined in Title XIX of the Social Security Act and federal regulations.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located, and is required to submit cost reports to the Illinois Department under Title 89, Part 148, of the Illinois Administrative Code, but shall not include the University of Illinois Hospital as defined in the University of Illinois Hospital Act or a county hospital in a county of over 3 million population.

"Total Medicaid Base Year Spending" means the hospital's State fiscal year 1991 weighted average payment rates, as defined by rule, excluding payments under Section 5-5.02 of this Code, reduced by 5% and multiplied by the hospital's estimated rate year utilization. (Source: P.A. 87-13.)

(305 ILCS 5/14-8) (from Ch. 23, par. 14-8)

Sec. 14-8. Disbursements to Hospitals. (a) For inpatient hospital services rendered on and after September 1, 1991, the Illinois Department shall reimburse hospitals for inpatient services at an inpatient payment rate calculated for each hospital based upon the Medicare Prospective Payment System as set forth in Sections 1886(b), (d), (g), and (h) of the federal Social Security Act, and the regulations, policies, and procedures promulgated thereunder, except as modified by this Section. Payment rates for inpatient hospital services rendered on or after September 1, 1991 and on or before September 30, 1992 shall be calculated using the Medicare Prospective Payment rates in effect on September 1, 1991. Payment rates for inpatient hospital services rendered on or after October 1, 1992 and on or before March 31, 1994 shall be calculated using the Medicare Prospective Payment rates in effect on September 1, 1992. Payment rates for inpatient hospital services rendered on or after April 1, 1994 shall be calculated using the Medicare Prospective Payment rates (including the Medicare grouping methodology and weighting factors as adjusted pursuant to paragraph (1) of this subsection) in effect 90 days prior to the date of admission. For services rendered on or after July 1, 1995, the reimbursement methodology implemented under this subsection shall not include those costs referred to in Sections 1886(d)(5)(B) and 1886(h) of the Social Security Act. The additional payment amounts required under Section 1886(d)(5)(F) of the Social Security Act, for hospitals serving a disproportionate share of low-income or indigent patients, are not required under this Section. For hospital inpatient services rendered on or after July 1, 1995, the Illinois Department shall reimburse hospitals using the relative weighting factors and the base payment rates calculated for each hospital that were in effect on June 30, 1995, less the portion of such rates attributed by the Illinois Department to the cost of medical education.

(1) The weighting factors established under Section 1886(d)(4) of the Social Security Act shall not be used in the reimbursement system established under this Section. Rather, the Illinois Department shall establish by rule Medicaid weighting factors to be used in the reimbursement system established under this Section.

(2) The Illinois Department shall define by rule those hospitals or distinct parts of hospitals that shall be exempt from the reimbursement system established under this Section. In defining such hospitals, the Illinois Department shall take into consideration those hospitals exempt from the Medicare Prospective Payment System as of September 1, 1991. For hospitals defined as exempt under this subsection, the Illinois Department shall by rule establish a reimbursement system for payment of inpatient hospital services rendered on and after September 1, 1991. For all hospitals that are children's hospitals as defined in Section 5-5.02 of this Code, the reimbursement methodology

shall, through June 30, 1992, net of all applicable fees, at least equal each children's hospital 1990 ICARE payment rates, indexed to the current year by application of the DRI hospital cost index from 1989 to the year in which payments are made. Excepting county providers as defined in Article XV of this Code, hospitals licensed under the University of Illinois Hospital Act, and facilities operated by the Department of Mental Health and Developmental Disabilities (or its successor, the Department of Human Services) for hospital inpatient services rendered on or after July 1, 1995, the Illinois Department shall reimburse children's hospitals, as defined in 89 Illinois Administrative Code Section 149.50(c)(3), at the rates in effect on June 30, 1995, and shall reimburse all other hospitals at the rates in effect on June 30, 1995, less the portion of such rates attributed by the Illinois Department to the cost of medical education. For inpatient hospital services provided on or after August 1, 1998, the Illinois Department may establish by rule a means of adjusting the rates of children's hospitals, as defined in 89 Illinois Administrative Code Section 149.50(c)(3), that did not meet that definition on June 30, 1995, in order for the inpatient hospital rates of such hospitals to take into account the average inpatient hospital rates of those children's hospitals that did meet the definition of children's hospitals on June 30, 1995.

(3) (Blank)

(4) Notwithstanding any other provision of this Section, hospitals that on August 31, 1991, have a contract with the Illinois Department under Section 3-4 of the Illinois Health Finance Reform Act may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care.

(5) In addition to any payments made under this subsection (a), the Illinois Department shall make the adjustment payments required by Section 5-5.02 of this Code; provided, that in the case of any hospital reimbursed under a per case methodology, the Illinois Department shall add an amount equal to the product of the hospital's average length of stay, less one day, multiplied by 20, for inpatient hospital services rendered on or after September 1, 1991 and on or before September 30, 1992.

(b) (Blank)

(b-5) Excepting county providers as defined in Article XV of this Code, hospitals licensed under the University of Illinois Hospital Act, and facilities operated by the Illinois Department of Mental Health and Developmental Disabilities (or its successor, the Department of Human Services), for outpatient services rendered on or after July 1, 1995 and before July 1, 1998 the Illinois Department shall reimburse children's hospitals, as defined in the Illinois Administrative Code Section 149.50(c)(3), at the rates in effect on June 30, 1995, less that portion of such rates attributed by the Illinois Department to the outpatient indigent volume adjustment and shall reimburse all other hospitals at the rates in effect on June 30, 1995, less the portions of such rates attributed by the Illinois Department to the cost of medical education and attributed by the Illinois Department to the outpatient indigent volume adjustment. For outpatient services provided on or after July 1, 1998, reimbursement rates shall be established by rule.

(c) In addition to any other payments under this Code, the Illinois Department shall develop a hospital disproportionate share reimbursement methodology that, effective July 1, 1991, through September 30, 1992, shall reimburse hospitals sufficiently to expend the fee monies described in subsection (b) of Section 14-3 of this Code and the federal matching funds received by the Illinois Department as a result of expenditures made by the Illinois Department as required by this subsection (c) and Section 14-2 that are attributable to fee monies deposited in the Fund, less amounts applied to adjustment payments under Section 5-5.02.

(d) Critical Care Access Payments.

(1) In addition to any other payments made under this Code, the Illinois Department shall develop a reimbursement methodology that shall reimburse Critical Care Access Hospitals for the specialized services that qualify them as Critical Care Access Hospitals. No adjustment payments shall be made under this subsection on or after July 1, 1995.

(2) "Critical Care Access Hospitals" includes, but is not limited to, hospitals that meet at least one of the following criteria:

(A) Hospitals located outside of a metropolitan statistical area that are designated as Level II Perinatal Centers and that provide a disproportionate share of perinatal services to recipients; or

(B) Hospitals that are designated as Level I Trauma Centers (adult or pediatric) and certain Level II Trauma Centers as determined by the Illinois Department; or

(C) Hospitals located outside of a metropolitan statistical area and that provide a disproportionate share of obstetrical services to recipients.

(e) Inpatient high volume adjustment. For hospital inpatient services, effective with rate periods beginning on or after October 1, 1993, in addition to rates paid for inpatient services by the Illinois Department, the Illinois Department shall make adjustment payments for inpatient services furnished by Medicaid high volume hospitals. The Illinois Department shall establish by rule criteria for qualifying as

a Medicaid high volume hospital and shall establish by rule a reimbursement methodology for calculating these adjustment payments to Medicaid high volume hospitals. No adjustment payment shall be made under this subsection for services rendered on or after July 1, 1995.

(f) The Illinois Department shall modify its current rules governing adjustment payments for targeted access, critical care access, and uncompensated care to classify those adjustment payments as not being payments to disproportionate share hospitals under Title XIX of the federal Social Security Act. Rules adopted under this subsection shall not be effective with respect to services rendered on or after July 1, 1995. The Illinois Department has no obligation to adopt or implement any rules or make any payments under this subsection for services rendered on or after July 1, 1995.

(f-5) The State recognizes that adjustment payments to hospitals providing certain services or incurring certain costs may be necessary to assure that recipients of medical assistance have adequate access to necessary medical services. These adjustments include payments for teaching costs and uncompensated care, trauma center payments, rehabilitation hospital payments, perinatal center payments, obstetrical care payments, targeted access payments, Medicaid high volume payments, and outpatient indigent volume payments. On or before April 1, 1995, the Illinois Department shall issue recommendations regarding (i) reimbursement mechanisms or adjustment payments to reflect these costs and services, including methods by which the payments may be calculated and the method by which the payments may be financed, and (ii) reimbursement mechanisms or adjustment payments to reflect costs and services of federally qualified health centers with respect to recipients of medical assistance.

(g) If one or more hospitals file suit in any court challenging any part of this Article XIV, payments to hospitals under this Article XIV shall be made only to the extent that sufficient monies are available in the Fund and only to the extent that any monies in the Fund are not prohibited from disbursement under any order of the court.

(h) Payments under the disbursement methodology described in this Section are subject to approval by the federal government in an appropriate State plan amendment.

(i) The Illinois Department may by rule establish criteria for and develop methodologies for adjustment payments to hospitals participating under this Article.

(j) Hospital Residing Long Term Care Services. In addition to any other payments made under this Code, the Illinois Department may by rule establish criteria and develop methodologies for payments to hospitals for Hospital Residing Long Term Care Services.

(k) Nothing in this Section shall preclude the Department of Public Aid from recognizing in its inpatient reimbursement methodology, by rule, the direct cost of new technologies that are expected to reduce the overall cost of inpatient services when the new technology has been recognized by Medicare for inpatient reimbursement. (Source: P.A. 93-20, eff. 6-20-03.)

(305 ILCS 5/Art. V-D rep.)

(305 ILCS 5/14-2 rep.)

(305 ILCS 5/14-3 rep.)

(305 ILCS 5/14-4 rep.)

(305 ILCS 5/14-5 rep.)

(305 ILCS 5/14-6 rep.)

(305 ILCS 5/14-7 rep.)

(305 ILCS 5/14-9 rep.)

(305 ILCS 5/14-10 rep.)

Section 11. The Illinois Public Aid Code is amended by repealing Article V-D and Sections 14-2, 14-3, 14-4, 14-5, 14-6, 14-7, 14-9, and 14-10.

Section 99. Effective date. This Act takes effect upon becoming law."

Senator Schoenberg moved that the foregoing amendment be ordered to lie on the table.

The motion to table prevailed.

Senator Schoenberg offered the following amendment and moved its adoption:

AMENDMENT NO. 6

AMENDMENT NO. 6 _____. Amend House Bill 700 by replacing everything after the enacting clause with the following:

"Section 5.

The State Finance Act is amended by adding Sections 5.620 and 6z-56 and changing Section 8h as follows:

(30 ILCS 105/5.620 new)

Sec. 5.620. The Health Care Services Trust Fund.

[November 6, 2003]

(30 ILCS 105/6z-56 new)

Sec. 6z-56. The Health Care Services Trust Fund. The Health Care Services Trust Fund is hereby created as a special fund in the State treasury.

The Fund shall consist of moneys deposited, transferred, or appropriated into the Fund from units of local government other than a county with a population greater than 3,000,000, from the State, from federal matching funds, or from any other legal source.

Subject to appropriation, the moneys in the Fund shall be used by the Department of Public Aid to make payments to providers of services covered under the Medicaid or State Children's Health Insurance programs. Payments may be made out of the Fund only to providers located within the geographic jurisdiction of units of local government that make deposits, transfers, or appropriations into the Fund.

The Department of Public Aid shall adopt rules concerning application for and disbursement of the moneys in the Fund.

(30 ILCS 105/8h)

Sec. 8h. Transfers to General Revenue Fund. Notwithstanding any other State law to the contrary, the Director of the Governor's Office of Management and Budget ~~Bureau of the Budget~~ may from time to time direct the State Treasurer and Comptroller to transfer a specified sum from any fund held by the State Treasurer to the General Revenue Fund in order to help defray the State's operating costs for the fiscal year. The total transfer under this Section from any fund in any fiscal year shall not exceed the lesser of 8% of the revenues to be deposited into the fund during that year or 25% of the beginning balance in the fund. No transfer may be made from a fund under this Section that would have the effect of reducing the available balance in the fund to an amount less than the amount remaining unexpended and unreserved from the total appropriation from that fund for that fiscal year. This Section does not apply to any funds that are restricted by federal law to a specific use or to any funds in the Motor Fuel Tax Fund or the Hospital Provider Fund. Notwithstanding any other provision of this Section, the total transfer under this Section from the Road Fund or the State Construction Account Fund shall not exceed 5% of the revenues to be deposited into the fund during that year.

In determining the available balance in a fund, the Director of the Governor's Office of Management and Budget ~~Bureau of the Budget~~ may include receipts, transfers into the fund, and other resources anticipated to be available in the fund in that fiscal year.

The State Treasurer and Comptroller shall transfer the amounts designated under this Section as soon as may be practicable after receiving the direction to transfer from the Director of the Governor's Office of Management and Budget ~~Bureau of the Budget~~. (Source: P.A. 93-32, eff. 6-20-03; revised 8-21-03.)

Section 10.

The Illinois Public Aid Code is amended by changing Sections 5A-1, 5A-2, 5A-3, 5A-4, 5A-5, 5A-7, 5A-8, 5A-10, 14-1, and 14-8 and by adding Sections 5A-12, 5A-13, and 5A-14 as follows:

(305 ILCS 5/5A-1) (from Ch. 23, par. 5A-1)

Sec. 5A-1. Definitions. As used in this Article, unless the context requires otherwise:

"Fund" means the Hospital Provider Fund.

"Hospital" means an institution, place, building, or agency located in this State that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.

"Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this paragraph, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.

"Occupied bed days" means the sum of the number of days that each bed was occupied by a patient for all beds during calendar year 2001. Occupied bed days shall be computed separately for each hospital operated or maintained by a hospital provider.

~~"Adjusted gross hospital revenue" shall be determined separately for each hospital conducted, operated, or maintained by a hospital provider, and means the hospital provider's total gross patient revenues less Medicare contractual allowances, but does not include gross patient revenue (and the portion of any Medicare contractual allowance related thereto) from skilled or intermediate long term care services within the meaning of Title XVIII or XIX of the Social Security Act.~~

~~"Intergovernmental transfer payment" means the payments established under Section 15-3 of this Code, and includes without limitation payments payable under that Section for July, August, and September of 1992. (Source: P.A. 87-861; 88-88.)~~

(305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

Sec. 5A-2. Assessment; no local authorization to tax. (a) Subject to Sections 5A-3 and 5A-10, an

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annual assessment on inpatient services is imposed on each hospital provider for State fiscal years 2004 and 2005 in an amount equal to the hospital's occupied bed days multiplied by \$84.19.

The Department of Public Aid shall use the number of occupied bed days as reported by each hospital on the Annual Survey of Hospitals conducted by the Department of Public Health to calculate the hospital's annual assessment. If the sum of a hospital's occupied bed days is not reported on the Annual Survey of Hospitals, then the Department of Public Aid may obtain the sum of occupied bed days from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department of Public Aid or its duly authorized agents and employees. For the privilege of engaging in the occupation of hospital provider, an assessment is imposed upon each hospital provider for the State fiscal year beginning on July 1, 1993 and ending on June 30, 1994, in an amount equal to 1.88% of the provider's adjusted gross hospital revenue for the most recent calendar year ending before the beginning of that State fiscal year.

Effective July 1, 1994 through June 30, 1996, an annual assessment is imposed upon each hospital provider in an amount equal to the provider's adjusted gross hospital revenue for the most recent calendar year ending before the beginning of that State fiscal year multiplied by the Provider's Savings Rate.

Effective July 1, 1996 through March 31, 1997, an assessment is imposed upon each hospital provider in an amount equal to three fourths of the provider's adjusted gross hospital revenue for calendar year 1995 multiplied by the Provider's Savings Rate. No assessment shall be imposed on or after April 1, 1997.

Before July 1, 1995, the Provider's Savings Rate is 1.88% multiplied by a fraction, the numerator of which is the Maximum Section 5A-2 Contribution minus the Cigarette Tax Contribution, and the denominator of which is the Maximum Section 5A-2 Contribution. Effective July 1, 1995, the Provider's Savings Rate is 1.25% multiplied by a fraction, the numerator of which is the Maximum Section 5A-2 Contribution minus the Cigarette Tax Contribution, and the denominator of which is the Maximum Section 5A-2 Contribution.

The Cigarette Tax Contribution is the sum of the total amount deposited in the Hospital Provider Fund in the previous State fiscal year pursuant to Section 2(a) of the Cigarette Tax Act, plus the total amount deposited in the Hospital Provider Fund in the previous State fiscal year pursuant to Section 5A-3(e) of this Code.

The Maximum Section 5A-2 Contribution is the total amount of tax imposed by this Section in the previous State fiscal year on providers subject to this Act, multiplied by a fraction the numerator of which is adjusted gross hospital revenues reported to the Department by providers subject to this Act for the previous State fiscal year and the denominator of which is adjusted gross hospital revenues reported to the Department by providers subject to this Act for the State fiscal year immediately preceding the previous State fiscal year.

The Department shall notify hospital providers of the Provider's Savings Rate by mailing a notice to each provider's last known address as reflected by the records of the Illinois Department.

(b) Nothing in this amendatory Act of the 93rd General Assembly 1995 shall be construed to authorize any home rule unit or other unit of local government to license for revenue or to impose a tax or assessment upon hospital providers or the occupation of hospital provider, or a tax or assessment measured by the income or earnings of a hospital provider.

(c) As provided in Section 5A-14, this Section is repealed on July 1, 2005. (Source: P.A. 88-88; 89-21, eff. 7-1-95; 89-499, eff. 6-28-96.)

(305 ILCS 5/5A-3) (from Ch. 23, par. 5A-3)

Sec. 5A-3. Exemptions; intergovernmental transfers. (a) Blank. A hospital provider which is a county with a population of more than 3,000,000 that makes intergovernmental transfer payments as provided in Section 15-3 of this Code shall be exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the county shall pay the assessment imposed by Section 5A-2 for all assessment periods beginning on or after July 1, 1992, and the assessment so paid shall be creditable against the intergovernmental transfer payments.

(b) A hospital provider that is a State agency, a State university, or a county with a population of 3,000,000 or more is exempt from the assessment imposed by Section 5A-2. A hospital organized under the University of Illinois Hospital Act and exempt from the assessment imposed by Section 5A-2 is hereby authorized to enter into an interagency agreement with the Illinois Department to make intergovernmental transfer payments to the Illinois Department. These payments shall be deposited into the University of Illinois Hospital Services Fund or, if that Fund ceases to exist, into the General Revenue Fund.

(b-2) A hospital provider that is a county with a population of less than 3,000,000 or a township,

municipality, hospital district, or any other local governmental unit is exempt from the assessment imposed by Section 5A-2.

(b-5) (Blank). A hospital operated by the Department of Human Services in the course of performing its mental health and developmental disabilities functions is exempt from the assessment imposed by Section 5A-2.

(b-10) A hospital provider whose hospital does not charge for its services is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-15) A hospital provider whose hospital is licensed by the Department of Public Health as a psychiatric hospital is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-20) A hospital provider whose hospital is licensed by the Department of Public Health as a rehabilitation hospital is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(b-25) A hospital provider whose hospital (i) is not a psychiatric hospital, rehabilitation hospital, or children's hospital and (ii) has an average length of inpatient stay greater than 25 days is exempt from the assessment imposed by Section 5A-2, unless the exemption is adjudged to be unconstitutional or otherwise invalid, in which case the hospital provider shall pay the assessment imposed by Section 5A-2.

(c) (Blank). The Illinois Department is hereby authorized to enter into agreements with publicly owned or operated hospitals to make intergovernmental transfer payments to the Illinois Department. These payments shall be deposited into the Hospital Provider Fund, except that any payments arising under an agreement with a hospital organized under the University of Illinois Hospital Act shall be deposited into the University of Illinois Hospital Services Fund, if that Fund exists. (Source: P.A. 88-88; 88-554, eff. 7-26-94; 89-21, eff. 7-1-95; 89-507, eff. 7-1-97.)

(305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

Sec. 5A-4. Payment of assessment; penalty. (a) The annual assessment imposed by Section 5A-2 for State fiscal year 2004 shall be due and payable on June 18 of the year. The assessment imposed by Section 5A-2 for a State fiscal year 2005 shall be due and payable in quarterly installments, each equalling one-fourth of the assessment for the year, on July 19, October 19, January 18, and April 19. September 30, December 31, March 31, and May 31 of the year; except that for the period July 1, 1996 through March 31, 1997, the assessment imposed by Section 5A-2 for that period shall be due and payable in 3 equal installments on September 30, December 31, and March 31 of that period. No installment payment of an assessment imposed by Section 5A-2 shall be due and payable, however, until after: (i) the hospital provider receives written notice from the Department of Public Aid that the payment methodologies to hospitals required under Section 5A-12 have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services and the waiver under 42 CFR 433.68 for the assessment imposed by Section 5A-2 has been granted by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services; and (ii) the hospital has received the payments required under Section 5A-12.

(b) The Illinois Department is authorized to establish delayed payment schedules for hospital providers that are unable to make installment payments when due under this Section due to financial difficulties, as determined by the Illinois Department.

(c) If a hospital provider fails to pay the full amount of an installment when due (including any extensions granted under subsection (b)), there shall, unless waived by the Illinois Department for reasonable cause, be added to the assessment imposed by Section 5A-2 a penalty assessment equal to the lesser of (i) 5% of the amount of the installment not paid on or before the due date plus 5% of the portion thereof remaining unpaid on the last day of each 30-day period month thereafter or (ii) 100% of the installment amount not paid on or before the due date. For purposes of this subsection, payments will be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments. (Source: P.A. 88-88; 89-499, eff. 6-28-96.)

(305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

Sec. 5A-5. Notice Reporting; penalty; maintenance of records. (a) After December 31 of each year (except as otherwise provided in this subsection), and on or before March 31 of the succeeding year, the Department of Public Aid shall send a notice of assessment to every hospital provider subject to assessment under this Article ~~shall file a return with the Illinois Department~~. The notice of assessment shall notify the hospital of its ~~return shall report the adjusted gross hospital revenue from the calendar year just ended and shall be utilized by the Illinois Department to calculate the assessment for the State~~

fiscal year commencing on the next July 1, except that the notice return for the State fiscal year commencing July 1, 2003 ~~1992~~ and the report of revenue for calendar year ~~1991~~ shall be sent filed on or before December 15, 2003 ~~September 30, 1992~~. The notice return shall be on a form prepared by the Illinois Department and shall state the following:

(1) The name of the hospital provider.

(2) The address of the hospital provider's principal place of business from which the provider engages in the occupation of hospital provider in this State, and the name and address of each hospital operated, conducted, or maintained by the provider in this State.

(3) The ~~occupied bed days adjusted gross hospital revenue~~ of the hospital provider for the ~~calendar year just ended~~, the amount of assessment imposed under Section 5A-2 for the State fiscal year for which the notice return is sent filed, and the amount of each quarterly installment to be paid during the State fiscal year.

(4) ~~(Blank). The amount of penalty due, if any.~~

(5) Other reasonable information as determined by the Illinois Department requires.

(b) If a hospital provider conducts, operates, or maintains more than one hospital licensed by the Illinois Department of Public Health, the provider shall ~~may not file a single return covering all those hospitals, but shall file a separate return for each hospital and shall compute and pay the assessment for each hospital separately.~~

(c) Notwithstanding any other provision in this Article, in the case of a person who ceases to conduct, operate, or maintain a hospital in respect of which the person is subject to assessment under this Article as a hospital provider, the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under Section 5A-2 by a fraction, the numerator of which is the number of days ~~months~~ in the year during which the provider conducts, operates, or maintains the hospital and the denominator of which is 365 ~~42~~. Immediately upon ceasing to conduct, operate, or maintain a hospital, the person shall pay file a final, amended return with the Illinois Department not more than 90 days after the cessation reflecting the adjustment and shall pay with the final return the assessment for the year as so adjusted (to the extent not previously paid).

(d) Notwithstanding any other provision in this Article, a provider who commences conducting, operating, or maintaining a hospital, upon notice by the Illinois Department, shall file an initial return for the State fiscal year in which the commencement occurs within 90 days thereafter and shall pay the assessment computed under Section 5A-2 and subsection (e) in equal installments on the due dates stated in the notice date of the return and on the regular installment due dates for the State fiscal year occurring after the due dates date of the initial notice return.

(e) Notwithstanding any other provision in this Article, in the case of a hospital provider that did not conduct, operate, or maintain a hospital throughout ~~the calendar year 2001~~ preceding a State fiscal year, the assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days adjusted gross hospital revenue for the full calendar year as determined by rules adopted by the Illinois Department (which may be based on annualization of the provider's actual revenues for a portion of the calendar year, or revenues of a comparable hospital for the year, including revenues realized by a prior provider from the same hospital during the year).

(f) ~~(Blank). In the case of a hospital provider existing as a corporation or legal entity other than an individual, the return filed by it shall be signed by its president, vice president, secretary, or treasurer or by its properly authorized agent.~~

(g) ~~(Blank). If a hospital provider fails to file its return for a State fiscal year on or before the due date of the return, there shall, unless waived by the Illinois Department for reasonable cause, be added to the assessment imposed by Section 5A-2 for the State fiscal year a penalty assessment equal to 25% of the assessment imposed for the year.~~

(h) ~~(Blank). Every hospital provider subject to assessment under this Article shall keep sufficient records to permit the determination of adjusted gross hospital revenue on a calendar year basis. All such records shall be kept in the English language and shall, at all times during business hours of the day, be subject to inspection by the Illinois Department or its duly authorized agents and employees. (Source: P.A. 87-861.)~~

(305 ILCS 5/5A-7) (from Ch. 23, par. 5A-7)

Sec. 5A-7. Administration; enforcement provisions. (a) To the extent practicable, the Illinois Department shall administer and enforce this Article and collect the assessments, interest, and penalty assessments imposed under this Article using procedures employed in its administration of this Code generally and, as it deems appropriate, in a manner similar to that in which the Department of Revenue administers and collects the retailers' occupation tax under the Retailers' Occupation Tax Act ("ROTA"). Instead of certificates of registration, the Illinois Department shall establish and maintain a listing of all

hospital providers appearing in the licensing records of the Department of Public Health, which shall show each provider's name, principal place of business, and the name and address of each hospital operated, conducted, or maintained by the provider in this State. In addition, the following specified provisions of the Retailers' Occupation Tax Act are incorporated by reference into this Section except that the Illinois Department and its Director (rather than the Department of Revenue and its Director) and every hospital provider subject to assessment measured by occupied bed days adjusted gross hospital revenue and to the return filing requirements of this Article (rather than persons subject to retailers' occupation tax measured by gross receipts from the sale of tangible personal property at retail ~~and to the return filing requirements of ROTA~~) shall have the powers, duties, and rights specified in these ROTA provisions, as modified in this Section or by the Illinois Department in a manner consistent with this Article and except as manifestly inconsistent with the other provisions of this Article:

(1) ROTA, Section 4 (examination of return; notice of correction; evidence; limitations; protest and hearing), except that (i) the Illinois Department shall issue notices of assessment liability (rather than notices of tax liability as provided in ROTA, Section 4); (ii) in the case of a fraudulent return or in the case of an extended period agreed to by the Illinois Department and the hospital provider before the expiration of the limitation period, no notice of assessment liability shall be issued more than 3 years after the later of the due date of the return required by Section 5A-5 or the date the return (or an amended return) was filed (rather within the period stated in ROTA, Section 4); and (iii) the penalty provisions of ROTA, Section 4 shall not apply.

(2) ROTA, Sec. 5 (failure to make return; failure to pay assessment), except that the penalty and interest provisions of ROTA, Section 5 shall not apply.

(3) ROTA, Section 5a (lien; attachment; termination; notice; protest; review; release of lien; status of lien).

(4) ROTA, Section 5b (State lien notices; State lien index; duties of recorder and registrar of titles).

(5) ROTA, Section 5c (liens; certificate of release).

(6) ROTA, Section 5d (Department not required to furnish bond; claim to property attached or levied upon).

(7) ROTA, Section 5e (foreclosure on liens; enforcement).

(8) ROTA, Section 5f (demand for payment; levy and sale of property; limitation).

(9) ROTA, Section 5g (sale of property; redemption).

(10) ROTA, Section 5j (sales on transfers outside usual course of business; report; payment of assessment; rights and duties of purchaser; penalty), except that notice shall be provided to the Illinois Department as specified by rule.

(11) ROTA, Section 6 (erroneous payments; credit or refund), provided that (i) the Illinois Department may only apply an amount otherwise subject to credit or refund to a liability arising under this Article; (ii) except in the case of an extended period agreed to by the Illinois Department and the hospital provider before the expiration of this limitation period, a claim for credit or refund must be filed no more than 3 years after the due date of the return required by Section 5A-5 (rather than the time limitation stated in ROTA, Section 6); and (iii) credits or refunds shall not bear interest.

(12) ROTA, Section 6a (claims for credit or refund).

(13) ROTA, Section 6b (tentative determination of claim; notice; hearing; review), provided that a hospital provider or its representative shall have 60 days (rather than 20 days) within which to file a protest and request for hearing in response to a tentative determination of claim.

(14) ROTA, Section 6c (finality of tentative determinations).

(15) ROTA, Section 8 (investigations and hearings).

(16) ROTA, Section 9 (witness; immunity).

(17) ROTA, Section 10 (issuance of subpoenas; attendance of witnesses; production of books and records).

(18) ROTA, Section 11 (information confidential; exceptions).

(19) ROTA, Section 12 (rules and regulations; hearing; appeals), except that a hospital provider shall not be required to file a bond or be subject to a lien in lieu thereof in order to seek court review under the Administrative Review Law of a final assessment or revised final assessment or the equivalent thereof issued by the Illinois Department under this Article.

(b) In addition to any other remedy provided for and without sending a notice of assessment liability, the Illinois Department may collect an unpaid assessment by withholding, as payment of the assessment, reimbursements or other amounts otherwise payable by the Illinois Department to the provider. (Source: P.A. 87-861.)

(305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

Sec. 5A-8. Hospital Provider Fund. (a) There is created in the State Treasury the Hospital Provider Fund. Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any moneys appropriated to the Medicaid program by the General Assembly.

(b) The Fund is created for the purpose of receiving moneys in accordance with Section 5A-6 and disbursing moneys only for the following purposes, notwithstanding any other provision of law as follows:

(1) For making payments to hospitals as required under Articles V, VI, and XIV hospital inpatient care, hospital ambulatory care, and disproportionate share hospital distributive expenditures made under Title XIX of the Social Security Act and Article V of this Code and under the Children's Health Insurance Program Act.

(2) For the reimbursement of moneys collected by the Illinois Department from hospitals or hospital providers through error or mistake in performing the activities authorized under this Article and Article V of this Code and for making required payments under Section 14-9 of this Code if there are no moneys available for those payments in the Hospital Services Trust Fund.

(3) For payment of administrative expenses incurred by the Illinois Department or its agent in performing the activities authorized by this Article.

(4) For payments of any amounts which are reimbursable to the federal government for payments from this Fund which are required to be paid by State warrant.

(5) For making transfers ~~to the General Obligation Bond Retirement and Interest Fund~~, as those transfers are authorized in the proceedings authorizing debt under the Short Term Borrowing Act, but transfers made under this paragraph (5) shall not exceed the principal amount of debt issued in anticipation of the receipt by the State of moneys to be deposited into the Fund.

(6) For making transfers to any other fund in the State treasury, but transfers made under this paragraph (6) shall not exceed the amount transferred previously from that other fund into the Hospital Provider Fund.

(7) For making refunds to hospital providers pursuant to Section 5A-10.

Disbursements from the Fund, other than transfers authorized under paragraphs (5) and (6) of this subsection to the General Obligation Bond Retirement and Interest Fund, shall be by warrants drawn by the State Comptroller upon receipt of vouchers duly executed and certified by the Illinois Department.

(c) The Fund shall consist of the following:

(1) All moneys collected or received by the Illinois Department from the hospital provider assessment imposed by this Article.

(2) All federal matching funds received by the Illinois Department as a result of expenditures made by the Illinois Department that are attributable to moneys deposited in the Fund.

(3) Any interest or penalty levied in conjunction with the administration of this Article.

(4) Moneys transferred from another fund in the State treasury. Any balance in the Hospital Services Trust Fund in the State Treasury. The balance shall be transferred to the Fund upon certification by the Illinois Department to the State Comptroller that all of the disbursements required by Section 14-2(b) of this Code have been made.

(5) All other moneys received for the Fund from any other source, including interest earned thereon.

(d) ~~(Blank). The Fund shall cease to exist on October 1, 1999. Any balance in the Fund as of that date shall be transferred to the General Revenue Fund. Any moneys that otherwise would be paid into the Fund on or after that date shall be deposited into the General Revenue Fund. Any disbursements on or after that date that otherwise would be made from the Fund may be appropriated by the General Assembly from the General Revenue Fund. (Source: P.A. 89-626, eff. 8-9-96; 90-587, eff. 7-1-98.)~~

(305 ILCS 5/5A-10) (from Ch. 23, par. 5A-10)

Sec. 5A-10. Applicability. (a) The assessment imposed by Section 5A-2 shall not take effect or shall cease to be imposed, and any moneys remaining in the Fund shall be refunded to hospital providers in proportion to the amounts paid by them, if:

(1) the sum of the appropriations for State fiscal years 2004 and 2005 from the General Revenue Fund for hospital payments under the medical assistance program is less than \$4,250,000,000; or

(2) the Department of Public Aid makes changes in its rules that reduce the hospital inpatient or outpatient payment rates, including adjustment payment rates, in effect on October 1, 2003, except for hospitals described in subsection (b) of Section 5A-3 and except for changes in outpatient payment rates made to comply with the federal Health Insurance Portability and Accountability Act, so long as those changes do not reduce aggregate expenditures below the amount expended in State fiscal year 2003 for such services; or

(3) the payments to hospitals required under Section 5A-12 are changed or are not eligible for

federal matching funds under Title XIX or XXI of the Social Security Act.

(b) The assessment imposed by Section 5A-2 shall not take effect or shall cease to be imposed if the assessment is determined to be an impermissible tax amount of matching federal funds under Title XIX of the Social Security Act is eliminated or significantly reduced on account of the assessment. Moneys in the Hospital Provider Fund derived from assessments imposed prior thereto shall be disbursed in accordance with Section 5A-8 to the extent federal matching is not reduced due to the impermissibility of the assessments, and any remaining moneys assessments shall be refunded to hospital providers in proportion to the amounts paid by them. (Source: P.A. 87-861.)

(305 ILCS 5/5A-12 new)

Sec. 5A-12. Hospital access improvement payments.

(a) To improve access to hospital services, for hospital services rendered on or after January 1, 2004, the Department of Public Aid shall make payments to hospitals as set forth in this Section, except for hospitals described in subsection (b) of Section 5A-3. These payments shall be paid on a quarterly basis. For State fiscal year 2004, the Department shall pay the total amounts required under this Section; these amounts shall be paid on or before June 15 of the year. In subsequent State fiscal years, the total amounts required under this Section shall be paid in 4 equal installments on or before July 15, October 15, January 14, and April 15 of the year. Payments under this Section are not due and payable, however, until (i) the methodologies described in this Section are approved by the federal government in an appropriate State Plan amendment, (ii) the assessment imposed under this Article is determined to be a permissible tax under Title XIX of the Social Security Act, and (iii) the assessment is in effect.

(b) High volume payment. In addition to rates paid for inpatient hospital services, the Department of Public Aid shall pay, to each Illinois hospital that provided more than 20,000 Medicaid inpatient days of care during State fiscal year 2001 (except for hospitals that qualify for adjustment payments under Section 5-5.02 for the 12-month period beginning on October 1, 2002), \$190 for each Medicaid inpatient day of care provided during that fiscal year. A hospital that provided less than 30,000 Medicaid inpatient days of care during that period, however, is not entitled to receive more than \$3,500,000 per year in such payments.

(c) Medicaid inpatient utilization rate adjustment. In addition to rates paid for inpatient hospital services, the Department of Public Aid shall pay each Illinois hospital (except for hospitals described in Section 5A-3), for each Medicaid inpatient day of care provided during State fiscal year 2001, an amount equal to the product of \$57.25 multiplied by the quotient of 1 divided by the greater of 1.6% or the hospital's Medicaid inpatient utilization rate (as used to determine eligibility for adjustment payments under Section 5-5.02 for the 12-month period beginning on October 1, 2002). The total payments under this subsection to a hospital may not exceed \$10,500,000 annually.

(d) Psychiatric base rate adjustment.

(1) In addition to rates paid for inpatient psychiatric services, the Department of Public Aid shall pay each Illinois general acute care hospital with a distinct part-psychiatric unit, for each Medicaid inpatient psychiatric day of care provided in State fiscal year 2001, an amount equal to \$400 less the hospital's per-diem rate for Medicaid inpatient psychiatric services as in effect on October 1, 2003. In no event, however, shall that amount be less than zero.

(2) For distinct part-psychiatric units of Illinois general acute care hospitals, except for all hospitals excluded in Section 5A-3, whose inpatient per-diem rate as in effect on October 1, 2003 is greater than \$400, the Department shall pay, in addition to any other amounts authorized under this Code, \$25 for each Medicaid inpatient psychiatric day of care provided in State fiscal year 2001.

(e) Supplemental tertiary care adjustment. In addition to rates paid for inpatient services, the Department of Public Aid shall pay to each Illinois hospital eligible for tertiary care adjustment payments under 89 Ill. Adm. Code 148.296, as in effect for State fiscal year 2003, a supplemental tertiary care adjustment payment equal to the tertiary care adjustment payment required under 89 Ill. Adm. Code 148.296, as in effect for State fiscal year 2003.

(f) Medicaid outpatient utilization rate adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois hospital (except for hospitals described in Section 5A-3), an amount equal to the product of 2.45% multiplied by the hospital's Medicaid outpatient charges multiplied by the quotient of 1 divided by the greater of 1.6% or the hospital's Medicaid outpatient utilization rate. The total payments under this subsection to a hospital may not exceed \$6,750,000 annually.

For purposes of this subsection:

"Medicaid outpatient charges" means the charges for outpatient services provided to Medicaid patients for State fiscal year 2001 as submitted by the hospital on the UB-92 billing form or under the ambulatory procedure listing and adjudicated by the Department of Public Aid on or before September

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"Medicaid outpatient utilization rate" means a fraction, the numerator of which is the hospital's Medicaid outpatient charges and the denominator of which is the total number of the hospital's charges for outpatient services for the hospital's fiscal year ending in 2001.

(g) State outpatient service adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois hospital an amount equal to the product of 75.5% multiplied by the hospital's Medicaid outpatient services submitted to the Department on the UB-92 billing form for State fiscal year 2001 multiplied by the hospital's outpatient access fraction.

For purposes of this subsection, "outpatient access fraction" means a fraction, the numerator of which is the hospital's Medicaid payments for outpatient services for ambulatory procedure listing services submitted to the Department on the UB-92 billing form for State fiscal year 2001, and the denominator of which is the hospital's Medicaid outpatient services submitted to the Department on the UB-92 billing form for State fiscal year 2001.

The total payments under this subsection to a hospital may not exceed \$3,000,000 annually.

(h) Rural hospital outpatient adjustment. In addition to rates paid for outpatient hospital services, the Department of Public Aid shall pay each Illinois rural hospital an amount equal to the product of \$14,500,000 multiplied by the rural hospital outpatient adjustment fraction.

For purposes of this subsection, "rural hospital outpatient adjustment fraction" means a fraction, the numerator of which is the hospital's Medicaid visits for outpatient services for ambulatory procedure listing services submitted to the Department on the UB-92 billing form for State fiscal year 2001, and the denominator of which is the total Medicaid visits for outpatient services for ambulatory procedure listing services for all Illinois rural hospitals submitted to the Department on the UB-92 billing form for State fiscal year 2001.

For purposes of this subsection, "rural hospital" has the same meaning as in 89 Ill. Adm. Code 148.25, as in effect on September 30, 2003.

(i) For purposes of this Section, the terms "Medicaid days", "Medicaid charges", and "Medicaid services" do not include any days, charges, or services for which Medicare was liable for payment.

(j) As provided in Section 5A-14, this Section is repealed on July 1, 2005.

(305 ILCS 5/5A-13 new)

Sec. 5A-13. Emergency rulemaking. The Department of Public Aid may adopt rules necessary to implement this amendatory Act of the 93rd General Assembly through the use of emergency rulemaking in accordance with Section 5-45 of the Illinois Administrative Procedure Act. For purposes of that Act, the General Assembly finds that the adoption of rules to implement this amendatory Act of the 93rd General Assembly is deemed an emergency and necessary for the public interest, safety, and welfare.

(305 ILCS 5/5A-14 new)

Sec. 5A-14. Repeal of assessments and disbursements.

(a) Section 5A-2 is repealed on July 1, 2005.

(b) Section 5A-12 is repealed on July 1, 2005.

(305 ILCS 5/14-1) (from Ch. 23, par. 14-1)

Sec. 14-1. Definitions. As used in this Article, unless the context requires otherwise:

"Fund" means the Hospital Services Trust Fund.

"Estimated Rate Year Utilization" means the hospital's projected utilization for the State fiscal year in which the fee is due (for example, fiscal year 1992 for fees imposed in State fiscal year 1992, fiscal year 1993 for fees imposed in State fiscal year 1993, and so forth).

"Gross Receipts" means all payments for medical services delivered under Title XIX of the Social Security Act and Articles V, VI, and VII of this Code and shall mean any and all payments made by the Illinois Department, or a Division thereof, to a Medical Assistance Program provider certified to participate in the Illinois Medical Assistance Program, for services rendered eligible for Medical Assistance under Articles V, VI and VII of this Code, State regulations and the federal Medicaid Program as defined in Title XIX of the Social Security Act and federal regulations.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located, and is required to submit cost reports to the Illinois Department under Title 89, Part 148, of the Illinois Administrative Code, but shall not include the University of Illinois Hospital as defined in the University of Illinois Hospital Act or a county hospital in a county of over 3 million population.

"Total Medicaid Base Year Spending" means the hospital's State fiscal year 1991 weighted average

payment rates, as defined by rule, excluding payments under Section 5-5.02 of this Code, reduced by 5% and multiplied by the hospital's estimated rate year utilization. (Source: P.A. 87-13.)

(305 ILCS 5/14-8) (from Ch. 23, par. 14-8)

Sec. 14-8. Disbursements to Hospitals. (a) For inpatient hospital services rendered on and after September 1, 1991, the Illinois Department shall reimburse hospitals for inpatient services at an inpatient payment rate calculated for each hospital based upon the Medicare Prospective Payment System as set forth in Sections 1886(b), (d), (g), and (h) of the federal Social Security Act, and the regulations, policies, and procedures promulgated thereunder, except as modified by this Section. Payment rates for inpatient hospital services rendered on or after September 1, 1991 and on or before September 30, 1992 shall be calculated using the Medicare Prospective Payment rates in effect on September 1, 1991. Payment rates for inpatient hospital services rendered on or after October 1, 1992 and on or before March 31, 1994 shall be calculated using the Medicare Prospective Payment rates in effect on September 1, 1992. Payment rates for inpatient hospital services rendered on or after April 1, 1994 shall be calculated using the Medicare Prospective Payment rates (including the Medicare grouping methodology and weighting factors as adjusted pursuant to paragraph (1) of this subsection) in effect 90 days prior to the date of admission. For services rendered on or after July 1, 1995, the reimbursement methodology implemented under this subsection shall not include those costs referred to in Sections 1886(d)(5)(B) and 1886(h) of the Social Security Act. The additional payment amounts required under Section 1886(d)(5)(F) of the Social Security Act, for hospitals serving a disproportionate share of low-income or indigent patients, are not required under this Section. For hospital inpatient services rendered on or after July 1, 1995, the Illinois Department shall reimburse hospitals using the relative weighting factors and the base payment rates calculated for each hospital that were in effect on June 30, 1995, less the portion of such rates attributed by the Illinois Department to the cost of medical education.

(1) The weighting factors established under Section 1886(d)(4) of the Social Security Act shall not be used in the reimbursement system established under this Section. Rather, the Illinois Department shall establish by rule Medicaid weighting factors to be used in the reimbursement system established under this Section.

(2) The Illinois Department shall define by rule those hospitals or distinct parts of hospitals that shall be exempt from the reimbursement system established under this Section. In defining such hospitals, the Illinois Department shall take into consideration those hospitals exempt from the Medicare Prospective Payment System as of September 1, 1991. For hospitals defined as exempt under this subsection, the Illinois Department shall by rule establish a reimbursement system for payment of inpatient hospital services rendered on and after September 1, 1991. For all hospitals that are children's hospitals as defined in Section 5-5.02 of this Code, the reimbursement methodology shall, through June 30, 1992, net of all applicable fees, at least equal each children's hospital 1990 ICARE payment rates, indexed to the current year by application of the DRI hospital cost index from 1989 to the year in which payments are made. Excepting county providers as defined in Article XV of this Code, hospitals licensed under the University of Illinois Hospital Act, and facilities operated by the Department of Mental Health and Developmental Disabilities (or its successor, the Department of Human Services) for hospital inpatient services rendered on or after July 1, 1995, the Illinois Department shall reimburse children's hospitals, as defined in 89 Illinois Administrative Code Section 149.50(c)(3), at the rates in effect on June 30, 1995, and shall reimburse all other hospitals at the rates in effect on June 30, 1995, less the portion of such rates attributed by the Illinois Department to the cost of medical education. For inpatient hospital services provided on or after August 1, 1998, the Illinois Department may establish by rule a means of adjusting the rates of children's hospitals, as defined in 89 Illinois Administrative Code Section 149.50(c)(3), that did not meet that definition on June 30, 1995, in order for the inpatient hospital rates of such hospitals to take into account the average inpatient hospital rates of those children's hospitals that did meet the definition of children's hospitals on June 30, 1995.

(3) (Blank)

(4) Notwithstanding any other provision of this Section, hospitals that on August 31, 1991, have a contract with the Illinois Department under Section 3-4 of the Illinois Health Finance Reform Act may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care.

(5) In addition to any payments made under this subsection (a), the Illinois Department shall make the adjustment payments required by Section 5-5.02 of this Code; provided, that in the case of any hospital reimbursed under a per case methodology, the Illinois Department shall add an amount equal to the product of the hospital's average length of stay, less one day, multiplied by 20, for inpatient hospital services rendered on or after September 1, 1991 and on or before September 30, 1992.

(b) (Blank)

(b-5) Excepting county providers as defined in Article XV of this Code, hospitals licensed under the University of Illinois Hospital Act, and facilities operated by the Illinois Department of Mental Health and Developmental Disabilities (or its successor, the Department of Human Services), for outpatient services rendered on or after July 1, 1995 and before July 1, 1998 the Illinois Department shall reimburse children's hospitals, as defined in the Illinois Administrative Code Section 149.50(c)(3), at the rates in effect on June 30, 1995, less that portion of such rates attributed by the Illinois Department to the outpatient indigent volume adjustment and shall reimburse all other hospitals at the rates in effect on June 30, 1995, less the portions of such rates attributed by the Illinois Department to the cost of medical education and attributed by the Illinois Department to the outpatient indigent volume adjustment. For outpatient services provided on or after July 1, 1998, reimbursement rates shall be established by rule.

(c) In addition to any other payments under this Code, the Illinois Department shall develop a hospital disproportionate share reimbursement methodology that, effective July 1, 1991, through September 30, 1992, shall reimburse hospitals sufficiently to expend the fee monies described in subsection (b) of Section 14-3 of this Code and the federal matching funds received by the Illinois Department as a result of expenditures made by the Illinois Department as required by this subsection (c) and Section 14-2 that are attributable to fee monies deposited in the Fund, less amounts applied to adjustment payments under Section 5-5.02.

(d) Critical Care Access Payments.

(1) In addition to any other payments made under this Code, the Illinois Department shall develop a reimbursement methodology that shall reimburse Critical Care Access Hospitals for the specialized services that qualify them as Critical Care Access Hospitals. No adjustment payments shall be made under this subsection on or after July 1, 1995.

(2) "Critical Care Access Hospitals" includes, but is not limited to, hospitals that meet at least one of the following criteria:

(A) Hospitals located outside of a metropolitan statistical area that are designated as Level II Perinatal Centers and that provide a disproportionate share of perinatal services to recipients; or

(B) Hospitals that are designated as Level I Trauma Centers (adult or pediatric) and certain Level II Trauma Centers as determined by the Illinois Department; or

(C) Hospitals located outside of a metropolitan statistical area and that provide a disproportionate share of obstetrical services to recipients.

(e) Inpatient high volume adjustment. For hospital inpatient services, effective with rate periods beginning on or after October 1, 1993, in addition to rates paid for inpatient services by the Illinois Department, the Illinois Department shall make adjustment payments for inpatient services furnished by Medicaid high volume hospitals. The Illinois Department shall establish by rule criteria for qualifying as a Medicaid high volume hospital and shall establish by rule a reimbursement methodology for calculating these adjustment payments to Medicaid high volume hospitals. No adjustment payment shall be made under this subsection for services rendered on or after July 1, 1995.

(f) The Illinois Department shall modify its current rules governing adjustment payments for targeted access, critical care access, and uncompensated care to classify those adjustment payments as not being payments to disproportionate share hospitals under Title XIX of the federal Social Security Act. Rules adopted under this subsection shall not be effective with respect to services rendered on or after July 1, 1995. The Illinois Department has no obligation to adopt or implement any rules or make any payments under this subsection for services rendered on or after July 1, 1995.

(f-5) The State recognizes that adjustment payments to hospitals providing certain services or incurring certain costs may be necessary to assure that recipients of medical assistance have adequate access to necessary medical services. These adjustments include payments for teaching costs and uncompensated care, trauma center payments, rehabilitation hospital payments, perinatal center payments, obstetrical care payments, targeted access payments, Medicaid high volume payments, and outpatient indigent volume payments. On or before April 1, 1995, the Illinois Department shall issue recommendations regarding (i) reimbursement mechanisms or adjustment payments to reflect these costs and services, including methods by which the payments may be calculated and the method by which the payments may be financed, and (ii) reimbursement mechanisms or adjustment payments to reflect costs and services of federally qualified health centers with respect to recipients of medical assistance.

(g) If one or more hospitals file suit in any court challenging any part of this Article XIV, payments to hospitals under this Article XIV shall be made only to the extent that sufficient monies are available in the Fund and only to the extent that any monies in the Fund are not prohibited from disbursement under any order of the court.

(h) Payments under the disbursement methodology described in this Section are subject to approval by the federal government in an appropriate State plan amendment.

(i) The Illinois Department may by rule establish criteria for and develop methodologies for adjustment payments to hospitals participating under this Article.

(j) Hospital Residing Long Term Care Services. In addition to any other payments made under this Code, the Illinois Department may by rule establish criteria and develop methodologies for payments to hospitals for Hospital Residing Long Term Care Services.

(k) Nothing in this Section shall preclude the Department of Public Aid from recognizing in its inpatient reimbursement methodology, by rule, the direct cost of new technologies that are expected to reduce the overall cost of inpatient services when the new technology has been recognized by Medicare for inpatient reimbursement. (Source: P.A. 93-20, eff. 6-20-03.)

(305 ILCS 5/Art. V-D rep.)

(305 ILCS 5/14-2 rep.)

(305 ILCS 5/14-3 rep.)

(305 ILCS 5/14-4 rep.)

(305 ILCS 5/14-5 rep.)

(305 ILCS 5/14-6 rep.)

(305 ILCS 5/14-7 rep.)

(305 ILCS 5/14-9 rep.)

(305 ILCS 5/14-10 rep.)

Section 11. The Illinois Public Aid Code is amended by repealing Article V-D and Sections 14-2, 14-3, 14-4, 14-5, 14-6, 14-7, 14-9, and 14-10.

Section 99. Effective date. This Act takes effect upon becoming law."

The motion prevailed.

And the amendment was adopted, and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

READING OF BILL OF THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Schoenberg, **House Bill No. 700**, having been printed as received from the House of Representatives, together with all Senate amendments adopted thereto, was taken up and read by title a third time.

Pending roll call on motion of Senator Schoenberg, further consideration of **House Bill No. 700** was postponed.

HOUSE BILL RECALLED

On motion of Senator Clayborne, **House Bill No. 2200** was recalled from the order of third reading to the order of second reading.

Senator Clayborne offered the following amendment and moved its adoption:

AMENDMENT NO. 2

AMENDMENT NO. 2____. Amend House Bill 2200 by replacing everything after the enacting clause with the following:

"Section 5. The Public Utilities Act is amended by changing Section 7-204 and adding Section 8-402.2 as follows:

(220 ILCS 5/7-204) (from Ch. 111 2/3, par. 7-204)

Sec. 7-204. Reorganization defined; Commission approval therefore. (a) For purposes of this Section, "reorganization" means any transaction which, regardless of the means by which it is accomplished, results in a change in the ownership of a majority of the voting capital stock of an Illinois public utility; or the ownership or control of any entity which owns or controls a majority of the voting capital stock of a public utility; or by which 2 public utilities merge, or by which a public utility acquires substantially all of the assets of another public utility; ~~or the transactions described in subsection (g);~~ provided, however, that "reorganization" as used in this Section shall not include a mortgage or pledge transaction entered into to secure a bona fide borrowing by the party granting the mortgage or making the pledge.

In addition to the foregoing, "reorganization" shall include for purposes of this Section any transaction which, regardless of the means by which it is accomplished, will have the effect of terminating the affiliated interest status of any entity as defined in paragraphs (a), (b), (c) or (d) of subsection (2) of Section 7-101 of this Act where such entity had transactions with the public utility, in

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the 12 calendar months immediately preceding the date of termination of such affiliated interest status subject to subsection (3) of Section 7-101 of this Act with a value greater than 15% of the public utility's revenues for that same 12-month period. If the proposed transaction would have the effect of terminating the affiliated interest status of more than one Illinois public utility, the utility with the greatest revenues for the 12-month period shall be used to determine whether such proposed transaction is a reorganization for the purposes of this Section. The Commission shall have jurisdiction over any reorganization as defined herein.

(b) No reorganization shall take place without prior Commission approval. The Commission shall not approve any proposed reorganization if the Commission finds, after notice and hearing, that the reorganization will adversely affect the utility's ability to perform its duties under this Act. In reviewing any proposed reorganization, the Commission must find that:

(1) the proposed reorganization will not diminish the utility's ability to provide adequate, reliable, efficient, safe and least-cost public utility service;

(2) the proposed reorganization will not result in the unjustified subsidization of non-utility activities by the utility or its customers;

(3) costs and facilities are fairly and reasonably allocated between utility and non-utility activities in such a manner that the Commission may identify those costs and facilities which are properly included by the utility for ratemaking purposes;

(4) the proposed reorganization will not significantly impair the utility's ability to raise necessary capital on reasonable terms or to maintain a reasonable capital structure;

(5) the utility will remain subject to all applicable laws, regulations, rules, decisions and policies governing the regulation of Illinois public utilities;

(6) the proposed reorganization is not likely to have a significant adverse effect on competition in those markets over which the Commission has jurisdiction;

(7) the proposed reorganization is not likely to result in any adverse rate impacts on retail customers.

(c) The Commission shall not approve a reorganization without ruling on: (i) the allocation of any savings resulting from the proposed reorganization; and (ii) whether the companies should be allowed to recover any costs incurred in accomplishing the proposed reorganization and, if so, the amount of costs eligible for recovery and how the costs will be allocated.

(d) The Commission shall issue its Order approving or denying the proposed reorganization within 11 months after the application is filed. The Commission may extend the deadline for a period equivalent to the length of any delay which the Commission finds to have been caused by the Applicant's failure to provide data or information requested by the Commission or that the Commission ordered the Applicant to provide to the parties. The Commission may also extend the deadline by an additional period not to exceed 3 months to consider amendments to the Applicant's filing, or to consider reasonably unforeseeable changes in circumstances subsequent to the Applicant's initial filing.

(e) Subsections (c) and (d) and subparagraphs (6) and (7) of subsection (b) of this Section shall apply only to merger applications submitted to the Commission subsequent to April 23, 1997. No other Commission approvals shall be required for mergers that are subject to this Section.

(f) In approving any proposed reorganization pursuant to this Section the Commission may impose such terms, conditions or requirements as, in its judgment, are necessary to protect the interests of the public utility and its customers.

(g) The Commission shall, within 9 months after an application is filed, issue its Order approving or denying any proposed reorganization involving the acquisition by a public utility or its affiliate of all of the common stock or substantially all of the operating assets, whether by merger, creation and acquisition of a limited liability or other company, or otherwise, of another public utility that has secured debt which is, or was, within the year prior to the filing of the application, rated below investment grade by at least 3 nationally recognized rating agencies. The Commission shall in such a proceeding review and approve, with or without modification, the entries to be made as a result of such reorganization on the books and records of the reorganized public utility. The Commission shall also have the authority in such a proceeding to approve a rate plan, with or without modification, which if approved shall be in effect for a 4-year term following the end of the mandatory transition period defined in Section 16-102 of this Act, for the retail bundled electric service rates of both the reorganized public utility and of any public utility that is affiliated, or becomes affiliated, with such public utility as a result of the reorganization approved under this subsection, provided that the proposed plan, along with supporting testimony and data, is filed with the application. The Commission may approve such a rate plan if it finds that such plan (i) is likely to promote rate certainty and reduce exposure to volatile energy prices for those customers with maximum electric demands of less than 1 MW, (ii) is likely to assist the

utilities in managing risk, raising necessary capital on reasonable terms, and providing reliable electric service, (iii) is likely to generate sufficient revenues so as to provide each utility an adequate opportunity to recover its expected costs of providing service and earn a reasonable return of and on its invested capital, and (iv) is just and reasonable and consistent with the goals and objectives stated in Section 16-101A of this Act. If it approves such a plan, the Commission shall also have the authority to extend the provisions of subsections (d) and (e) of Section 16-111 of this Act (as modified by Section 16-111.3) for the period in which such rate plan is in effect, using information applicable to such period. The Commission shall also have the authority to review in such proceeding the prudence and reasonableness of any purchased power agreement entered into by the electric utilities, the costs of which are reflected in the rate plan. The Commission's approval of the rate plan shall also be conditioned on completion of the proposed reorganization, and shall be subject to the Commission's authority pursuant to subsection (f) above to impose such terms, conditions, or requirements as, in its judgment, are necessary to protect the interests of the public utilities and their customers. The filing, approval, and implementation of a rate plan pursuant to this subsection shall comply with the provisions of 83 Illinois Administrative Code Parts 285, 286, and 287, provided that the Commission shall have the authority to grant appropriate waivers from those parts based on requests for waivers filed at least 14 days prior to the filing of the application, and to require the filing of such additional information as determined by the Commission to support a just and reasonable plan for a 4-year term following the end of the mandatory transition period. If the reorganization involves the sale or transfer of operating assets, then notwithstanding any other provision of law or any rule or regulation, the Commission shall also in such proceeding make such other determinations and approvals as may be necessary to implement the reorganization and provide for an orderly transition, including, but not limited to, providing for the adoption by the reorganized public utility of existing rates, terms, and conditions not addressed in a rate plan (including those filed pursuant to Section 16-108 or Article XVIII of this Act), the abandonment, transfer or granting of certificates, or the assignment of service area agreements. (Source: P.A. 90-561, eff. 12-16-97.)

(220 ILCS 5/8-402.2 new)

Sec. 8-402.2. Renewable energy portfolio standard.

(a) The objective of this Section is to ensure the development and use of economical renewable energy resources consistent with the goals stated in Section 5 of the Illinois Resource Development and Energy Security Act and specifically to assess whether the State's electric energy providers can economically provide at least 8% of the energy used within the State through renewable energy resources by the end of the year 2010, and 10% by the end of the year 2012.

(b) An electric utility, as defined in Section 16-102 of this Act, that serves over one million customers within this State, and any electric utility that is affiliated with such an electric utility, shall use its best efforts to procure by the end of 2005 renewable energy resources equal to at least 2% of the electric energy to be sold by the electric utility to retail customers within its service area during the following calendar year, and procure by the end of 2006 renewable energy resources equal to at least 3% of the electric energy to be sold by the electric utility to retail customers within its service area during the following calendar year. This provision is, however, contingent on the continued existence of federal wind energy production tax credits enacted as part of the Energy Policy Act of 1992. Such electric utilities shall report to the Commission on their efforts and on their compliance with these standards by April 1 of 2006 and 2007, respectively. Violations of this Section shall be subject to the penalties provided for in Section 5-202 of this Act and assessed through the process provided for in Section 4-203.

(c) During calendar year 2007, the Commission, together with the Department of Commerce and Economic Opportunity, shall evaluate the availability and use of renewable energy resources within this State and shall also consider the feasibility of adoption of an enforceable mandatory renewable energy resource portfolio standard to be applicable to all electric utilities and all alternative retail electric suppliers as defined in Section 16-102 of this Act. The Commission and the Department shall specifically evaluate the feasibility and cost effectiveness of a mandatory renewable energy resource portfolio standard of at least 10% by the end of calendar year 2012, and may require electric utilities and alternative retail electric suppliers to introduce evidence as to their ability to meet such a standard. As part of such investigation, the Commission and the Department shall evaluate and consider the adequacy of existing generation capacity and the availability of renewable energy resources in the State and in the region, the effect of a mandatory standard on the costs and reliability of electric service, the continued availability of federal tax credits, the development at both the State and federal levels of the infrastructure and rules and regulations that promote the development and utilization of renewable energy resources, the effect of a mandatory standard on the development of competition in the provision of such service, the impact on the environment, quality of life, and employment in the State, and any other factors affecting the State's economy. The Commission and the Department shall report on their

findings to the General Assembly, and shall include in such report recommendations for further legislative changes.

(d) The Commission and the Department shall work with other state agencies in the Midwest to ensure reciprocal acceptance of renewable energy credits and certificates from resources located in Illinois for purposes of such other state's renewable portfolio standards.

(e) Costs associated with the procurement of renewable energy resources pursuant to this Section shall be fully recoverable from retail customers to the extent allowed by law and shall not be subject to any limitations stated in subsection (i) of Section 16-111 of this Act relating to the recovery of the power and energy cost component in tariffed rates. Costs associated with contracts that were prudent when entered into pursuant to this Section shall not subsequently be denied recovery due to changes in State or federal law.

(f) For purposes of this Section, "renewable energy resources" shall have the meaning as set forth in subsection (f) of Section 6-3 of the Renewable Energy, Energy Efficiency, and Coal Resources Development Law of 1997 and shall include renewable energy credits or certificates associated with such resources. Provided, however, that energy from landfill gas shall not be counted as a renewable energy resource to the extent that such energy exceeds 27.5% of an electric utility's or alternative retail electric supplier's renewable energy resources portfolio. Provided further that renewable energy resources shall only be counted for purposes of meeting the standards set forth above if they are based on or relate to production or generation in this State or in an adjacent ozone non-attainment area as designated by the federal Environmental Protection Agency or in a state that has entered into a reciprocity agreement with Illinois as provided in subsection (d) above.

Section 99. Effective date. This Act takes effect upon becoming law."

The motion prevailed.

And the amendment was adopted, and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

CONSIDERATION OF RESOLUTION ON SECRETARY'S DESK

Senator del Valle moved that **Senate Joint Resolution No. 39**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator del Valle offered the following amendment and moved its adoption:

AMENDMENT NO. 1

AMENDMENT NO. 1. Amend Senate Joint Resolution 39 on page 1, by replacing lines 7 through 13 with the following:

"RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that the request made by Oak Lawn CHSD 218 - Cook with respect to substitute teachers, identified in the report filed by the State Board of Education as request WM100-3005, is disapproved."

The motion prevailed.

The amendment was adopted, and ordered printed.

Senator del Valle moved that Senate Joint Resolution No. 39, as amended, be adopted.

And on that motion a call of the roll was had resulting as follows:

Yeas 56; Nays None.

The following voted in the affirmative:

Althoff	Haine	Munoz	Sullivan, D.
Bomke	Halvorson	Peterson	Sullivan, J.
Brady	Harmon	Petka	Syverson
Burzynski	Hendon	Radogno	Trotter
Clayborne	Hunter	Rauschenberger	Viverito
Collins	Jacobs	Righter	Walsh
Cronin	Jones, J.	Risinger	Watson

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Crotty	Jones, W.	Ronen	Welch
Cullerton	Lauzen	Roskam	Winkel
del Valle	Lightford	Rutherford	Wojcik
DeLeo	Link	Sandoval	Mr. President
Demuzio	Luechtefeld	Schoenberg	
Forby	Maloney	Sieben	
Garrett	Martinez	Silverstein	
Geo-Karis	Meeks	Soden	

The motion prevailed.

And the resolution, as amended, was adopted.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

CONSIDERATION OF GOVERNOR'S VETO MESSAGE

Pursuant to the Motion in Writing filed and journalized on Thursday, November 6, 2003, Senator Crotty moved that **Senate Bill No. 777** do pass, the specific recommendations of the Governor to the contrary notwithstanding.

Pending roll call, on motion of Senator Crotty, further consideration of the foregoing Motion in Writing was postponed.

ADOPTION OF RESOLUTION

Senator E. Jones asked and obtained unanimous consent to have **Senate Resolution No. 293** removed from the Resolution Consent Calendar and taken up for immediate consideration.

Senator E. Jones moved that **Senate Resolution No. 293** be adopted.

The motion prevailed.

And the resolution was adopted.

MESSAGE FROM THE HOUSE

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has adopted the following House Joint Resolution, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE JOINT RESOLUTION NO. 41

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that when the two Houses adjourn on Thursday, November 6, 2003, they stand adjourned until Tuesday, November 18, 2003.

Adopted by the House, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

By unanimous consent, on motion of Senator Halvorson, the foregoing message reporting House Joint Resolution No. 41, was taken up for immediate consideration.

Senator Halvorson moved that the Senate concur with the House in the adoption of the resolution.

The motion prevailed.

And the Senate concurred with the House in the adoption of the resolution.

Ordered that the Secretary inform the House of Representatives thereof.

INTRODUCTION OF BILLS

[November 6, 2003]

SENATE BILL NO. 2122. Introduced by Senator del Valle, a bill for AN ACT concerning vehicles.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Rules.

SENATE BILL NO. 2123. Introduced by Senator Watson, a bill for AN ACT concerning elections.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Rules.

MESSAGES FROM THE HOUSE

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 783

A bill for AN ACT in relation to insurance.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 783

Passed the House, as amended, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 783

AMENDMENT NO. 1____. Amend Senate Bill 783 by replacing everything after the enacting clause with the following:

"Section 5. The Comprehensive Health Insurance Plan Act is amended by changing Sections 2, 3, and 15 as follows:

(215 ILCS 105/2) (from Ch. 73, par. 1302)

Sec. 2. Definitions. As used in this Act, unless the context otherwise requires:

"Plan administrator" means the insurer or third party administrator designated under Section 5 of this Act.

"Benefits plan" means the coverage to be offered by the Plan to eligible persons and federally eligible individuals pursuant to this Act.

"Board" means the Illinois Comprehensive Health Insurance Board.

"Church plan" has the same meaning given that term in the federal Health Insurance Portability and Accountability Act of 1996.

"Continuation coverage" means continuation of coverage under a group health plan or other health insurance coverage for former employees or dependents of former employees that would otherwise have terminated under the terms of that coverage pursuant to any continuation provisions under federal or State law, including the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, Sections 367.2, 367e, and 367e.1 of the Illinois Insurance Code, or any other similar requirement in another State.

"Covered person" means a person who is and continues to remain eligible for Plan coverage and is covered under one of the benefit plans offered by the Plan.

"Creditable coverage" means, with respect to a federally eligible individual, coverage of the individual under any of the following:

(A) A group health plan.

(B) Health insurance coverage (including group health insurance coverage).

(C) Medicare.

(D) Medical assistance.

(E) Chapter 55 of title 10, United States Code.

(F) A medical care program of the Indian Health Service or of a tribal organization.

(G) A state health benefits risk pool.

(H) A health plan offered under Chapter 89 of title 5, United States Code.

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(I) A public health plan (as defined in regulations consistent with Section 104 of the Health Care Portability and Accountability Act of 1996 that may be promulgated by the Secretary of the U.S. Department of Health and Human Services).

(J) A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)).

(K) Any other qualifying coverage required by the federal Health Insurance Portability and Accountability Act of 1996, as it may be amended, or regulations under that Act.

"Creditable coverage" does not include coverage consisting solely of coverage of excepted benefits, as defined in Section 2791(c) of title XXVII of the Public Health Service Act (42 U.S.C. 300 gg-91), nor does it include any period of coverage under any of items (A) through (K) that occurred before a break of more than 90 days or, if ~~after September 30, 2003~~, the individual has ~~either~~ been certified as eligible pursuant to the federal Trade Act of 2002 ~~or initially been paid a benefit by the Pension Benefit Guaranty Corporation~~, a break of more than 63 days during all of which the individual was not covered under any of items (A) through (K) above.

~~For an individual who between December 1, 2002 and September 30, 2003 has either (1) been certified as eligible pursuant to the federal Trade Act of 2002, (2) initially been paid a benefit by the Pension Benefit Guaranty Corporation, or (3) as of December 1, 2002, been receiving benefits from the Pension Benefit Guaranty Corporation and who has qualified health insurance, as defined by the federal Trade Act of 2002, "creditable coverage" includes any period of coverage aggregating 3 or more months under any of items (A) through (K), irrespective of the length of a break during all of which the individual was not covered under any of items (A) through (K).~~

Any period that an individual is in a waiting period for any coverage under a group health plan (or for group health insurance coverage) or is in an affiliation period under the terms of health insurance coverage offered by a health maintenance organization shall not be taken into account in determining if there has been a break of more than 90 days in any creditable coverage.

"Department" means the Illinois Department of Insurance.

"Dependent" means an Illinois resident: who is a spouse; or who is claimed as a dependent by the principal insured for purposes of filing a federal income tax return and resides in the principal insured's household, and is a resident unmarried child under the age of 19 years; or who is an unmarried child who also is a full-time student under the age of 23 years and who is financially dependent upon the principal insured; or who is a child of any age and who is disabled and financially dependent upon the principal insured.

"Direct Illinois premiums" means, for Illinois business, an insurer's direct premium income for the kinds of business described in clause (b) of Class 1 or clause (a) of Class 2 of Section 4 of the Illinois Insurance Code, and direct premium income of a health maintenance organization or a voluntary health services plan, except it shall not include credit health insurance as defined in Article IX 1/2 of the Illinois Insurance Code.

"Director" means the Director of the Illinois Department of Insurance.

"Eligible person" means a resident of this State who qualifies for Plan coverage under Section 7 of this Act.

"Employee" means a resident of this State who is employed by an employer or has entered into the employment of or works under contract or service of an employer including the officers, managers and employees of subsidiary or affiliated corporations and the individual proprietors, partners and employees of affiliated individuals and firms when the business of the subsidiary or affiliated corporations, firms or individuals is controlled by a common employer through stock ownership, contract, or otherwise.

"Employer" means any individual, partnership, association, corporation, business trust, or any person or group of persons acting directly or indirectly in the interest of an employer in relation to an employee, for which one or more persons is gainfully employed.

"Family" coverage means the coverage provided by the Plan for the covered person and his or her eligible dependents who also are covered persons.

"Federally eligible individual" means an individual resident of this State:

(1)(A) for whom, as of the date on which the individual seeks Plan coverage under Section 15 of this Act, the aggregate of the periods of creditable coverage is 18 or more months or, if the individual has ~~either (i) been certified as eligible pursuant to the federal Trade Act of 2002, (ii) initially been paid a benefit by the Pension Benefit Guaranty Corporation, or (iii) as of December 1, 2002, been receiving benefits from the Pension Benefit Guaranty Corporation and has qualified health insurance, as defined by the federal Trade Act of 2002, 3 or more months, and (B) whose most recent prior creditable coverage was under group health insurance coverage offered by a health insurance issuer, a group health plan, a governmental plan, or a church plan (or health insurance coverage offered in connection with any such plans) or any other type of creditable coverage that may be required by the~~

federal Health Insurance Portability and Accountability Act of 1996, as it may be amended, or the regulations under that Act;

(2) who is not eligible for coverage under (A) a group health plan (other than an individual who has been certified as eligible pursuant to the federal Trade Act of 2002), (B) part A or part B of Medicare due to age (other than an individual who has been certified as eligible pursuant to the federal Trade Act of 2002), or (C) medical assistance, and does not have other health insurance coverage (other than an individual who has been certified as eligible pursuant to the Federal Trade Act of 2002);

(3) with respect to whom (other than an individual who has been certified as eligible pursuant to the federal Trade Act of 2002) the most recent coverage within the coverage period described in paragraph (1)(A) of this definition was not terminated based upon a factor relating to nonpayment of premiums or fraud;

(4) if the individual (other than an individual who has ~~either (A) been certified as eligible pursuant to the federal Trade Act of 2002, (B) initially been paid a benefit by the Pension Benefit Guaranty Corporation, or (C) as of December 1, 2002, been receiving benefits from the Pension Benefit Guaranty Corporation and who has qualified health insurance, as defined by the federal Trade Act of 2002~~) had been offered the option of continuation coverage under a COBRA continuation provision or under a similar State program, who elected such coverage; and

(5) who, if the individual elected such continuation coverage, has exhausted such continuation coverage under such provision or program.

However, an individual who has ~~either been certified as eligible pursuant to the federal Trade Act of 2002 or initially been paid a benefit by the Pension Benefit Guaranty Corporation~~ shall not be required to elect continuation coverage under a COBRA continuation provision or under a similar state program.

"Group health insurance coverage" means, in connection with a group health plan, health insurance coverage offered in connection with that plan.

"Group health plan" has the same meaning given that term in the federal Health Insurance Portability and Accountability Act of 1996.

"Governmental plan" has the same meaning given that term in the federal Health Insurance Portability and Accountability Act of 1996.

"Health insurance coverage" means benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under any hospital and medical expense-incurred policy, certificate, or contract provided by an insurer, non-profit health care service plan contract, health maintenance organization or other subscriber contract, or any other health care plan or arrangement that pays for or furnishes medical or health care services whether by insurance or otherwise. Health insurance coverage shall not include short term, accident only, disability income, hospital confinement or fixed indemnity, dental only, vision only, limited benefit, or credit insurance, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

"Health insurance issuer" means an insurance company, insurance service, or insurance organization (including a health maintenance organization and a voluntary health services plan) that is authorized to transact health insurance business in this State. Such term does not include a group health plan.

"Health Maintenance Organization" means an organization as defined in the Health Maintenance Organization Act.

"Hospice" means a program as defined in and licensed under the Hospice Program Licensing Act.

"Hospital" means a duly licensed institution as defined in the Hospital Licensing Act, an institution that meets all comparable conditions and requirements in effect in the state in which it is located, or the University of Illinois Hospital as defined in the University of Illinois Hospital Act.

"Individual health insurance coverage" means health insurance coverage offered to individuals in the individual market, but does not include short-term, limited-duration insurance.

"Insured" means any individual resident of this State who is eligible to receive benefits from any insurer (including health insurance coverage offered in connection with a group health plan) or health insurance issuer as defined in this Section.

"Insurer" means any insurance company authorized to transact health insurance business in this State and any corporation that provides medical services and is organized under the Voluntary Health Services Plans Act or the Health Maintenance Organization Act.

"Medical assistance" means the State medical assistance or medical assistance no grant (MANG) programs provided under Title XIX of the Social Security Act and Articles V (Medical Assistance) and

VI (General Assistance) of the Illinois Public Aid Code (or any successor program) or under any similar program of health care benefits in a state other than Illinois.

"Medically necessary" means that a service, drug, or supply is necessary and appropriate for the diagnosis or treatment of an illness or injury in accord with generally accepted standards of medical practice at the time the service, drug, or supply is provided. When specifically applied to a confinement it further means that the diagnosis or treatment of the covered person's medical symptoms or condition cannot be safely provided to that person as an outpatient. A service, drug, or supply shall not be medically necessary if it: (i) is investigational, experimental, or for research purposes; or (ii) is provided solely for the convenience of the patient, the patient's family, physician, hospital, or any other provider; or (iii) exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate, and appropriate diagnosis or treatment; or (iv) could have been omitted without adversely affecting the covered person's condition or the quality of medical care; or (v) involves the use of a medical device, drug, or substance not formally approved by the United States Food and Drug Administration.

"Medical care" means the ordinary and usual professional services rendered by a physician or other specified provider during a professional visit for treatment of an illness or injury.

"Medicare" means coverage under both Part A and Part B of Title XVIII of the Social Security Act, 42 U.S.C. Sec. 1395, et seq.

"Minimum premium plan" means an arrangement whereby a specified amount of health care claims is self-funded, but the insurance company assumes the risk that claims will exceed that amount.

"Participating transplant center" means a hospital designated by the Board as a preferred or exclusive provider of services for one or more specified human organ or tissue transplants for which the hospital has signed an agreement with the Board to accept a transplant payment allowance for all expenses related to the transplant during a transplant benefit period.

"Physician" means a person licensed to practice medicine pursuant to the Medical Practice Act of 1987.

"Plan" means the Comprehensive Health Insurance Plan established by this Act.

"Plan of operation" means the plan of operation of the Plan, including articles, bylaws and operating rules, adopted by the board pursuant to this Act.

"Provider" means any hospital, skilled nursing facility, hospice, home health agency, physician, registered pharmacist acting within the scope of that registration, or any other person or entity licensed in Illinois to furnish medical care.

"Qualified high risk pool" has the same meaning given that term in the federal Health Insurance Portability and Accountability Act of 1996.

"Resident" means a person who is and continues to be legally domiciled and physically residing on a permanent and full-time basis in a place of permanent habitation in this State that remains that person's principal residence and from which that person is absent only for temporary or transitory purpose.

"Skilled nursing facility" means a facility or that portion of a facility that is licensed by the Illinois Department of Public Health under the Nursing Home Care Act or a comparable licensing authority in another state to provide skilled nursing care.

"Stop-loss coverage" means an arrangement whereby an insurer insures against the risk that any one claim will exceed a specific dollar amount or that the entire loss of a self-insurance plan will exceed a specific amount.

"Third party administrator" means an administrator as defined in Section 511.101 of the Illinois Insurance Code who is licensed under Article XXXI 1/4 of that Code. (Source: P.A. 92-153, eff. 7-25-01; 93-33, eff. 6-23-03; 93-34, eff. 6-23-03; 93-477, eff. 8-8-03; revised 8-21-03.)

(215 ILCS 105/3) (from Ch. 73, par. 1303)

Sec. 3. Operation of the Plan. a. There is hereby created an Illinois Comprehensive Health Insurance Plan.

b. The Plan shall operate subject to the supervision and control of the board. The board is created as a political subdivision and body politic and corporate and, as such, is not a State agency. The board shall consist of 10 public members, appointed by the Governor with the advice and consent of the Senate.

Initial members shall be appointed to the Board by the Governor as follows: 2 members to serve until July 1, 1988, and until their successors are appointed and qualified; 2 members to serve until July 1, 1989, and until their successors are appointed and qualified; 3 members to serve until July 1, 1990, and until their successors are appointed and qualified; and 3 members to serve until July 1, 1991, and until their successors are appointed and qualified. As terms of initial members expire, their successors shall be appointed for terms to expire the first day in July 3 years thereafter, and until their successors are appointed and qualified.

Any vacancy in the Board occurring for any reason other than the expiration of a term shall be filled

for the unexpired term in the same manner as the original appointment.

Any member of the Board may be removed by the Governor for neglect of duty, misfeasance, malfeasance, or nonfeasance in office.

In addition, a representative of the ~~Governor's Office of Management and Budget Bureau of the Budget~~, a representative of the Office of the Attorney General and the Director or the Director's designated representative shall be members of the board. Four members of the General Assembly, one each appointed by the President and Minority Leader of the Senate and by the Speaker and Minority Leader of the House of Representatives, shall serve as nonvoting members of the board. At least 2 of the public members shall be individuals reasonably expected to qualify for coverage under the Plan, the parent or spouse of such an individual, or a surviving family member of an individual who could have qualified for the plan during his lifetime. The Director or Director's representative shall be the chairperson of the board. Members of the board shall receive no compensation, but shall be reimbursed for reasonable expenses incurred in the necessary performance of their duties.

c. The board shall make an annual report in September and shall file the report with the Secretary of the Senate and the Clerk of the House of Representatives. The report shall summarize the activities of the Plan in the preceding calendar year, including net written and earned premiums, the expense of administration, the paid and incurred losses for the year and other information as may be requested by the General Assembly. The report shall also include analysis and recommendations regarding utilization review, quality assurance and access to cost effective quality health care.

d. In its plan of operation the board shall:

(1) Establish procedures for selecting a plan administrator in accordance with Section 5 of this Act.

(2) Establish procedures for the operation of the board.

(3) Create a Plan fund, under management of the board, to fund administrative, claim, and other expenses of the Plan.

(4) Establish procedures for the handling and accounting of assets and monies of the Plan.

(5) Develop and implement a program to publicize the existence of the Plan, the eligibility requirements and procedures for enrollment and to maintain public awareness of the Plan.

(6) Establish procedures under which applicants and participants may have grievances reviewed by a grievance committee appointed by the board. The grievances shall be reported to the board immediately after completion of the review. The Department and the board shall retain all written complaints regarding the Plan for at least 3 years. Oral complaints shall be reduced to written form and maintained for at least 3 years.

(7) Provide for other matters as may be necessary and proper for the execution of its powers, duties and obligations under the Plan.

e. No later than 5 years after the Plan is operative the board and the Department shall conduct cooperatively a study of the Plan and the persons insured by the Plan to determine: (1) claims experience including a breakdown of medical conditions for which claims were paid; (2) whether availability of the Plan affected employment opportunities for participants; (3) whether availability of the Plan affected the receipt of medical assistance benefits by Plan participants; (4) whether a change occurred in the number of personal bankruptcies due to medical or other health related costs; (5) data regarding all complaints received about the Plan including its operation and services; (6) and any other significant observations regarding utilization of the Plan. The study shall culminate in a written report to be presented to the Governor, the President of the Senate, the Speaker of the House and the chairpersons of the House and Senate Insurance Committees. The report shall be filed with the Secretary of the Senate and the Clerk of the House of Representatives. The report shall also be available to members of the general public upon request.

f. The board may:

(1) Prepare and distribute certificate of eligibility forms and enrollment instruction forms to insurance producers and to the general public in this State.

(2) Provide for reinsurance of risks incurred by the Plan and enter into reinsurance agreements with insurers to establish a reinsurance plan for risks of coverage described in the Plan, or obtain commercial reinsurance to reduce the risk of loss through the Plan.

(3) Issue additional types of health insurance policies to provide optional coverages as are otherwise permitted by this Act including a Medicare supplement policy designed to supplement Medicare.

(4) Provide for and employ cost containment measures and requirements including, but not limited to, preadmission certification, second surgical opinion, concurrent utilization review programs, and individual case management for the purpose of making the pool more cost effective.

(5) Design, utilize, contract, or otherwise arrange for the delivery of cost effective health care services, including establishing or contracting with preferred provider organizations, health maintenance organizations, and other limited network provider arrangements.

(6) Adopt bylaws, rules, regulations, policies and procedures as may be necessary or convenient for the implementation of the Act and the operation of the Plan.

(7) Administer separate pools, separate accounts, or other plans or arrangements as required by this Act to separate federally eligible individuals or groups of federally eligible individuals who qualify for plan coverage under Section 15 of this Act from eligible persons or groups of eligible persons who qualify for plan coverage under Section 7 of this Act and apportion the costs of the administration among such separate pools, separate accounts, or other plans or arrangements.

g. The Director may, by rule, establish additional powers and duties of the board and may adopt rules for any other purposes, including the operation of the Plan, as are necessary or proper to implement this Act.

h. The board is not liable for any obligation of the Plan. There is no liability on the part of any member or employee of the board or the Department, and no cause of action of any nature may arise against them, for any action taken or omission made by them in the performance of their powers and duties under this Act, unless the action or omission constitutes willful or wanton misconduct. The board may provide in its bylaws or rules for indemnification of, and legal representation for, its members and employees.

i. There is no liability on the part of any insurance producer for the failure of any applicant to be accepted by the Plan unless the failure of the applicant to be accepted by the Plan is due to an act or omission by the insurance producer which constitutes willful or wanton misconduct. (Source: P.A. 92-597, eff. 6-28-02; revised 8-23-03.)

(215 ILCS 105/15)

Sec. 15. Alternative portable coverage for federally eligible individuals. (a) Notwithstanding the requirements of subsection a. of Section 7 and except as otherwise provided in this Section, any federally eligible individual for whom a Plan application, and such enclosures and supporting documentation as the Board may require, is received by the Board within 90 days after the termination of prior creditable coverage shall qualify to enroll in the Plan under the portability provisions of this Section.

~~A federally eligible person who between December 1, 2002 and September 30, 2003 has either (1) been certified as eligible pursuant to the federal Trade Act of 2002, (2) initially been paid a benefit by the Pension Benefit Guaranty Corporation, or (3) as of December 1, 2002, been receiving benefits from the Pension Benefit Guaranty Corporation, who has qualified health insurance, as defined by the federal Trade Act of 2002, and whose Plan application and enclosures and supporting documentation, as the Board may require, is received by the Board after the termination of previous creditable coverage shall qualify to enroll in the Plan under the portability provisions of this Section.~~

A federally eligible person who, after September 30, 2003, has either been certified as eligible pursuant to the federal Trade Act of 2002 or initially been paid a benefit by the Pension Benefit Guaranty Corporation and whose Plan application and enclosures and supporting documentation as the Board may require is received by the Board within 63 days after the termination of previous creditable coverage shall qualify to enroll in the Plan under the portability provisions of this Section.

(b) Any federally eligible individual seeking Plan coverage under this Section must submit with his or her application evidence, including acceptable written certification of previous creditable coverage, that will establish to the Board's satisfaction, that he or she meets all of the requirements to be a federally eligible individual and is currently and permanently residing in this State (as of the date his or her application was received by the Board).

(c) Except as otherwise provided in this Section, a period of creditable coverage shall not be counted, with respect to qualifying an applicant for Plan coverage as a federally eligible individual under this Section, if after such period and before the application for Plan coverage was received by the Board, there was at least a 90 day period during all of which the individual was not covered under any creditable coverage.

~~For a federally eligible person who between December 1, 2002 and September 30, 2003 has either (1) been certified as eligible pursuant to the federal Trade Act of 2002, (2) initially been paid a benefit by the Pension Benefit Guaranty Corporation, or (3) as of December 1, 2002, been receiving benefits from the Pension Benefit Guaranty Corporation and who has qualified health insurance, as defined by the federal Trade Act of 2002, a period of creditable coverage shall be counted, with respect to qualifying an applicant for Plan coverage as a federally eligible individual under this Section, when the application for Plan coverage was received by the Board.~~

For a federally eligible person who, after September 30, 2003, has either been certified as eligible

pursuant to the federal Trade Act of 2002 ~~or initially been paid a benefit by the Pension Benefit Guaranty Corporation~~, a period of creditable coverage shall not be counted, with respect to qualifying an applicant for Plan coverage as a federally eligible individual under this Section, if after such period and before the application for Plan coverage was received by the Board, there was at least a 63 day period during all of which the individual was not covered under any creditable coverage.

(d) Any federally eligible individual who the Board determines qualifies for Plan coverage under this Section shall be offered his or her choice of enrolling in one of alternative portability health benefit plans which the Board is authorized under this Section to establish for these federally eligible individuals and their dependents.

(e) The Board shall offer a choice of health care coverages consistent with major medical coverage under the alternative health benefit plans authorized by this Section to every federally eligible individual. The coverages to be offered under the plans, the schedule of benefits, deductibles, co-payments, exclusions, and other limitations shall be approved by the Board. One optional form of coverage shall be comparable to comprehensive health insurance coverage offered in the individual market in this State or a standard option of coverage available under the group or individual health insurance laws of the State. The standard benefit plan that is authorized by Section 8 of this Act may be used for this purpose. The Board may also offer a preferred provider option and such other options as the Board determines may be appropriate for these federally eligible individuals who qualify for Plan coverage pursuant to this Section.

(f) Notwithstanding the requirements of subsection f. of Section 8, any plan coverage that is issued to federally eligible individuals who qualify for the Plan pursuant to the portability provisions of this Section shall not be subject to any preexisting conditions exclusion, waiting period, or other similar limitation on coverage.

(g) Federally eligible individuals who qualify and enroll in the Plan pursuant to this Section shall be required to pay such premium rates as the Board shall establish and approve in accordance with the requirements of Section 7.1 of this Act.

(h) A federally eligible individual who qualifies and enrolls in the Plan pursuant to this Section must satisfy on an ongoing basis all of the other eligibility requirements of this Act to the extent not inconsistent with the federal Health Insurance Portability and Accountability Act of 1996 in order to maintain continued eligibility for coverage under the Plan. (Source: P.A. 92-153, eff. 7-25-01; 93-33, eff. 6-23-03; 93-34, eff. 6-23-03.)

Section 99. Effective date. This Act takes effect upon becoming law."

Under the rules, the foregoing **House Bill No. 783**, with Senate Amendment No. 1 was referred to the Secretary's Desk.

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 794

A bill for AN ACT concerning State audits.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 794

Passed the House, as amended, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 794

AMENDMENT NO. 1 _____. Amend Senate Bill 794 by replacing everything after the enacting clause with the following:

"Section 5.

The Illinois State Auditing Act is amended by changing Sections 1-12, 1-13, 1-14, 1-16, 2-11, 3-2, 3-3, and 3-6 and by adding Section 1-13.5 as follows:

(30 ILCS 5/1-12) (from Ch. 15, par. 301-12)

[November 6, 2003]

Sec. 1-12. Post audit or audit. "Post audit" or "audit" means a post facto examination of books, documents, records, and other evidence relating to the obligation, receipt, expenditure or use of public funds of the State, including governmental operations relating to such obligation, receipt, expenditure, or use. A post audit is a financial audit, a compliance audit or other attestation engagement, or a performance audit, a management audit or a program audit, as those terms are defined in this Article, or some combination thereof. (Source: P.A. 78-884.)

(30 ILCS 5/1-13) (from Ch. 15, par. 301-13)

Sec. 1-13. Compliance audit. ~~"Financial audit" or "Compliance audit"~~ means an attestation engagement that either examines, reviews, or entails performing agreed-upon procedures on a subject matter or an assertion about a subject matter and reporting on the results. The compliance audit, as appropriate, may address agency management representations, assertions, and supporting evidence regarding a post audit which determines:

(a) whether the audited agency has obligated, expended, received and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law;

(b) whether the audited agency has obligated, expended, received and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use;

(c) in the case of a State agency, whether the audited agency has generally complied with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations;

(d) in the case of a State agency, whether the records, books and accounts of the audited agency accurately reflect its financial and fiscal operations;

(e) in the case of a local or private agency, whether the records, books and accounts of the audited agency fairly and accurately reflect its financial and fiscal operations relating to the obligation, receipt, expenditures and use of public funds of the State to the extent such operations must be reviewed to complete post audit determinations under paragraphs (a) and (b) of this Section;

(f) in the case of a State agency, whether the audited agency is maintaining effective internal controls ~~accounting control~~ over revenues, obligations, expenditures, assets and liabilities;

(g) whether collections of State revenues and receipts by the audited agency are in accordance with applicable laws and regulations and whether the accounting and record keeping of such revenues and receipts is fair, accurate and in accordance with law;

(h) in the case of a State agency, whether money or negotiable securities or similar assets handled by the audited agency on behalf of the State or held in trust by the audited agency have been properly and legally administered, and whether the accounting and record keeping relating thereto is proper, accurate and in accordance with law; and

(i) whether financial, program and statistical reports of the audited agency contain useful data and are fairly presented.

Compliance audits are to be performed in accordance with attestation standards issued by the American Institute of Certified Public Accountants (AICPA), related AICPA Statements on Standards for Attestation Engagements, and generally accepted government auditing standards (GAGAS) current at the time the audit is commenced. (Source: P.A. 78-884.)

(30 ILCS 5/1-13.5 new)

Sec. 1-13.5. Financial audit. "Financial audit" means a post audit primarily concerned with providing reasonable assurance about whether financial statements are presented fairly in all material respects in conformity with generally accepted accounting principles (GAAP), or with a comprehensive basis of accounting other than GAAP. Other objectives of financial audits, which provide for different levels of assurance and entail various scopes of work, may include, as appropriate:

(1) providing special reports for specified elements, accounts, or items of a financial statement;

(2) reviewing interim financial information;

(3) issuing letters for underwriters and certain other requesting parties;

(4) reporting on the processing of transactions by service organizations; and

(5) auditing compliance with regulations relating to federal award expenditures and other governmental financial assistance in conjunction with or as a by-product of a financial statement audit.

Financial audits are to be performed in accordance with generally accepted auditing standards issued by the American Institute of Certified Public Accountants (AICPA) for field work and reporting, generally accepted government auditing standards (GAGAS), and AICPA Statements on Auditing Standards (SAS) current at the time the audit is commenced.

(30 ILCS 5/1-14) (from Ch. 15, par. 301-14)

Sec. 1-14. Performance audit. "Performance audit" means an objective and systematic examination of evidence in order to provide an independent assessment of the performance and management of a program against objective criteria. Performance audits provide information to improve program operations and facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and improve public accountability.

Performance audits include management audits, which are also called economy and efficiency audits, and program audits. A program audit addresses the effectiveness of a program and typically measures the extent to which a program is achieving its goals and objectives. An economy and efficiency audit concerns whether an agency is acquiring, protecting, and using its resources in the most productive manner to achieve program objectives. Program audits and economy and efficiency audits may include an assessment of:

(1) the extent to which legislative, regulatory, or organizational goals and objectives are being achieved;

(2) the relative ability of alternative approaches to yield better program performance or eliminate factors that inhibit program effectiveness;

(3) the relative cost and benefits or cost effectiveness of program performance;

(4) whether a program produced intended results or produced effects that were not intended by the program's objectives;

(5) the extent to which programs duplicate, overlap, or conflict with other related programs;

(6) whether the audited entity is following sound procurement practices;

(7) the validity and reliability of performance measures concerning program effectiveness and results or economy and efficiency; and

(8) the reliability, validity, or relevance of financial information related to the performance of a program.

Performance audits may also encompass objectives related to internal control and compliance with legal or other requirements. Performance audits are to be performed in accordance with generally accepted government auditing standards (GAGAS) current at the time the audit is commenced.

"Management audit", or "efficiency audit" means a post audit which determines with regard to the purpose, functions, and duties of the audited agency:

(a) whether the audited agency is managing or utilizing its resources, including public funds of the State, personnel, property, equipment and space in an economical and efficient manner; and

(b) causes of inefficiencies or uneconomical practices, including inadequacies in management information systems, internal and administrative procedures, organizational structure, use of resources, allocation of personnel, purchasing policies and equipment. (Source: P.A. 78-884.)

(30 ILCS 5/1-16) (from Ch. 15, par. 301-16)

Sec. 1-16. Special audit. "Special audit" means a financial audit, a compliance audit, or other attestation engagement of limited scope. (Source: P.A. 78-884.)

(30 ILCS 5/2-11) (from Ch. 15, par. 302-11)

Sec. 2-11. Special assistant auditors. (a) The Auditor General may contract with certified public accountants ~~licensed and registered public accountants certified or registered~~ in Illinois, qualified management consultants, attorneys licensed in Illinois, and other persons or firms necessary to carry out his duties. For the purpose of assisting in performance ~~program~~ audits, the Auditor General may contract with any State agency. The Auditor General may contract with other governmental agencies for the conduct of joint audits of a State agency or a portion thereof.

(b) The Auditor General shall adopt rules establishing qualifications for nonlicensed persons with whom he may contract.

(c) The Auditor General may designate any person with whom he contracts as a special assistant auditor for the purpose of conducting a post audit or investigation under his supervision. The Auditor General may delegate his powers and authority respecting post audits and investigations to special assistant auditors other than the power of subpoena, but any delegation of authority to administer oaths or take depositions must be made in writing and limited to a particular audit or investigation. (Source: P.A. 80-533.)

(30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

Sec. 3-2. Mandatory and directed post audits. The Auditor General shall conduct a financial audit, a compliance audit, or other attestation engagement, as is appropriate to the agency's operations under generally accepted government auditing standards, of each State agency except the Auditor General or his office at least once during every biennium, except as is otherwise provided in regulations adopted under Section 3-8. The general direction and supervision of the financial audit program may be

delegated only to an individual who is a Certified Public Accountant and a payroll employee of the Office of the Auditor General. In the conduct of financial audits, compliance audits, and other attestation engagements, the Auditor General may inquire into and report upon matters properly within the scope of a performance management or program audit, provided that such inquiry shall be limited to matters arising during the ordinary course of the financial audit.

In any year the Auditor General shall conduct any special audits as may be necessary to form an opinion on the financial statements report of this State, as prepared by the Comptroller, and to certify that this presentation is in accordance with generally accepted accounting principles for government.

Simultaneously with the biennial compliance financial audit of the Department of Human Services, the Auditor General shall conduct a program audit of each facility under the jurisdiction of that Department that is described in Section 4 of the Mental Health and Developmental Disabilities Administrative Act. The program audit shall include an examination of the records of each facility concerning reports of suspected abuse or neglect of any patient or resident of the facility. The Auditor General shall report the findings of the program audit to the Governor and the General Assembly, including findings concerning patterns or trends relating to abuse or neglect of facility patients and residents. However, for any year for which the Inspector General submits a report to the Governor and General Assembly as required under Section 6.7 of the Abused and Neglected Long Term Care Facility Residents Reporting Act, the Auditor General need not conduct the program audit otherwise required under this paragraph.

The Auditor General shall conduct a performance management or program audit of a State agency when so directed by the Commission, or by either house of the General Assembly, in a resolution identifying the subject, parties and scope. Such a directing resolution may:

- (a) require the Auditor General to examine and report upon specific management efficiencies or cost effectiveness proposals specified therein;
- (b) in the case of a program audit, set forth specific program objectives, responsibilities or duties or may specify the program performance standards or program evaluation standards to be the basis of the program audit;
- (c) be directed at particular procedures or functions established by statute, by administrative regulation or by precedent; and
- (d) require the Auditor General to examine and report upon specific proposals relating to state programs specified in the resolution.

The Commission may by resolution clarify, further direct, or limit the scope of any audit directed by a resolution of the House or Senate, provided that any such action by the Commission must be consistent with the terms of the directing resolution. (Source: P.A. 89-427, eff. 12-7-95; 89-507, eff. 7-1-97.)

(30 ILCS 5/3-3) (from Ch. 15, par. 303-3)

Sec. 3-3. Discretionary audits. The Auditor General may initiate and conduct a special audit whenever he determines it to be in the public interest.

The Auditor General may initiate and conduct an economy and efficiency audit of a State agency or program whenever the findings of a post audit indicate that such an efficiency audit is advisable or in the public interest, if he has given the Commission at least 30 days' prior notice of his intention to conduct the efficiency audit and the Commission has not disapproved of that audit.

The Auditor General may, at any time, make informal inquiries of any agency concerning its obligation, receipt, expenditure or use of State funds, but such an inquiry may not be in the nature of an investigation or post audit. (Source: P.A. 78-884.)

(30 ILCS 5/3-6) (from Ch. 15, par. 303-6)

Sec. 3-6. Audit Standards. The Auditor General may adopt regulations establishing post audit standards consistent with Sections 1-13, 1-13.5, and 1-14 ~~and 1-15~~ of this Act and in accordance with generally accepted government governmental auditing standards. The regulations may specify separate or particular standards applicable only to audits of federal grants, aid or trust funds administered by State agencies in order to comply with applicable federal regulations. Post audit standards established under this paragraph shall govern all post audits conducted by the Auditor General.

The Auditor General may adopt regulations making such standards applicable to financial audits, compliance audits, and other attestation engagements conducted by State agencies of local governmental agencies or private agencies which are grantees or recipients of public funds of the State or of federal funds not constituting public funds of the State through projects administered by that State agency. Notwithstanding any other statute to the contrary, those regulations shall govern the audits to which they are expressly applicable.

The Auditor General may make regulations providing for the ordinary use of compliance audits conducted by State agencies or by certified public accountants as part of financial audits, if such

compliance audits comply with the standards and regulations applicable under this Act. (Source: P.A. 82-368.)

(30 ILCS 5/1-15 rep.)

Section 10. The Illinois State Auditing Act is amended by repealing Section 1-15.

Section 99. Effective date. This Act takes effect upon becoming law."

Under the rules, the foregoing **Senate Bill No. 794**, with House Amendment No. 1 was referred to the Secretary's Desk.

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 963

A bill for AN ACT concerning commercial transactions.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 963

Passed the House, as amended, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 963

AMENDMENT NO. 1____. Amend Senate Bill 963 by replacing everything after the enacting clause with the following:

"(815 ILCS 730/Act rep.)

Section 5. The Soft Drink Industry Fair Dealing Act is repealed. Section 99. Effective date. This Act takes effect upon becoming law."

Under the rules, the foregoing **Senate Bill No. 963**, with House Amendment No. 1 was referred to the Secretary's Desk.

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 1014

A bill for AN ACT in relation to education.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 1014

Passed the House, as amended, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 1014

AMENDMENT NO. 1____. Amend Senate Bill 1014 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by adding Section 2-3.25o as follows:

(105 ILCS 5/2-3.25o new)

Sec. 2-3.25o. Registration and recognition of non-public elementary and secondary schools.

(a) Findings. The General Assembly finds and declares (i) that the Constitution of the State of Illinois provides that a "fundamental goal of the People of the State is the educational development of all persons to the limits of their capacities" and (ii) that the educational development of every school student serves the public purposes of the State. In order to ensure that all Illinois students and teachers have the opportunity to enroll and work in State-approved educational institutions and programs, the State Board of Education shall provide for the voluntary registration and recognition of non-public elementary and

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secondary schools.

(b) Registration. All non-public elementary and secondary schools in the State of Illinois may voluntarily register with the State Board of Education on an annual basis. Registration shall be completed in conformance with procedures prescribed by the State Board of Education. Information required for registration shall include assurances of compliance (i) with federal and State laws regarding health examination and immunization, attendance, length of term, and nondiscrimination and (ii) with applicable fire and health safety requirements.

(c) Recognition. All non-public elementary and secondary schools in the State of Illinois may voluntarily seek the status of "Non-public School Recognition" from the State Board of Education. This status may be obtained by compliance with administrative guidelines and review procedures as prescribed by the State Board of Education. The guidelines and procedures must recognize that some of the aims and the financial bases of non-public schools are different from public schools and will not be identical to those for public schools, nor will they be more burdensome. The guidelines and procedures must also recognize the diversity of non-public schools and shall not impinge upon the noneducational relationships between those schools and their clientele.

(d) Public purposes. The provisions of this Section are in the public interest, for the public benefit, and serve secular public purposes.

(e) Definition. For purposes of this Section, a non-public school means any non-profit, non-home-based, and non-public elementary or secondary school that is in compliance with Title VI of the Civil Rights Act of 1964 and attendance at which satisfies the requirements of Section 26-1 of this Code.

Section 99. Effective date. This Act takes effect upon becoming law.".

Under the rules, the foregoing **Senate Bill No. 1014**, with House Amendment No. 1 was referred to the Secretary's Desk.

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 1049

A bill for AN ACT in relation to taxation.

Together with the following amendments which are attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 1049

House Amendment No. 2 to SENATE BILL NO. 1049

Passed the House, as amended, November 6, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 1049

AMENDMENT NO. 1 _____. Amend Senate Bill 1049 by replacing everything after the enacting clause with the following:

"Section 5. The Property Tax Code is amended by changing Section 18-245 as follows:

(35 ILCS 200/18-245)

Sec. 18-245. Rules. The Department shall make and promulgate reasonable rules relating to the administration of the purposes and provisions of Sections 18-185 through 18-240 (the Property Tax Extension Limitation Law) as may be necessary or appropriate. (Source: P.A. 87-17; 88-455.)".

AMENDMENT NO. 2 TO SENATE BILL 1049

AMENDMENT NO. 2 _____. Amend Senate Bill 1049, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Park District Code is amended by adding Section 5-2e as follows:

(70 ILCS 1205/5-2e new)

Sec. 5-2e. Park district property within municipality with recreation board or within a supervised recreation system; disconnection. Any territory of a park district that is located within a municipality that has established a recreation board under Section 11-95-3 of the Illinois Municipal Code, or a supervised recreation system that levies taxes for the establishment, conduct, and maintenance thereof, may be

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disconnected from the park district if the affected land owners are subject to a tax levied by both governmental bodies for recreational services. A petition must be signed by 10% of the owners of record of the land within the territory proposed to be disconnected. The petition must allege the facts in support of the disconnection. The petition shall be filed with the municipal clerk. The corporate authorities of the municipality shall adopt an ordinance that provides that the question of disconnection be submitted to the electors of the territory proposed to be disconnected.

Upon adoption of the ordinance, the municipal clerk shall certify the ordinance and the question to the proper election authorities, who shall submit the question to the electors of the territory at an election in accordance with the general election law.

The question cast at this election shall be in substantially the following form:

Shall (describe territory) be disconnected from (name of park district) and the levy of any taxes by the Park District be discontinued?

The votes shall be recorded as "Yes" or "No".

If a majority of the votes cast upon the question are in favor of disconnection, the territory shall be disconnected from the park district, the park district shall cease to exercise its power or authority over the disconnected territory, and the levy of any taxes by the park district shall be discontinued.

Section 99. Effective date. This Act takes effect upon becoming law."

Under the rules, the foregoing **Senate Bill No. 1049**, with House Amendments numbered 1 and 2 was referred to the Secretary's Desk.

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 429

A bill for AN ACT concerning human services.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 4, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

March 8, 2005

To the Honorable Members of the

Illinois House of Representatives

93rd General Assembly

This innovative legislation requires further consideration before becoming law. While this Bill pursues honorable ends, it requires the use of State funds that can better be spent elsewhere during the present fiscal crisis. Therefore, pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto and return House Bill 429, entitled "AN ACT concerning human services."

Sincerely,

ROD R. BLAGOJEVICH

Governor

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 1087

A bill for AN ACT concerning the Department on Aging.

[November 6, 2003]

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 4, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

July 24, 2003

To the Honorable Members of the
Illinois House of Representatives

93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1087 entitled "AN ACT concerning the Department on Aging," with the following specific recommendation for change:

on line 8, by replacing "establish and administer" with "study the benefits of, and determine what the cost would be to establish,".

With this change, House Bill 1087 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 1180

A bill for AN ACT to amend the School Code.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 4, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

August 12, 2003

To the Honorable Members of the
Illinois House of Representatives

93rd General Assembly

I am committed to funding special education and I am willing to implement this new formula on a one-year pilot basis. However, I am concerned that over time the funding formula may not reflect the actual number of students with special needs in a school district. Therefore, I am recommending this change to House Bill 1180 so that the impact of the formula over time can be reassessed before it is put permanently into statute. Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1180, entitled "AN ACT to amend the School Code", with the following specific recommendation for change:

on page 6, by replacing line 3 with the following: "For fiscal year 2004 only,".

With this change, House Bill 1180 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
[November 6, 2003]

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 1480

A bill for AN ACT concerning banking.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 4, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

August 7, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1480, entitled "AN ACT concerning banking", with the following specific recommendations for change:

on page 1, by replacing lines 10 and 11 with the following:
"need for banking services. The Office of Banks and Real Estate shall adopt"; and
on page 1, line 27; page 2, line 10; page 2, line 16; page 2, line 18; page 2, line 31; and page 3, lines 3 and 4; by replacing "State Treasurer" each time it appears with "Office of Banks and Real Estate"; and

on page 2, lines 20 and 21, by replacing "Commissioner of the Office of Banks and Real Estate" with "State Treasurer".

With these changes, House Bill 1480 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 2425

A bill for AN ACT concerning currency exchanges.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 4, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

August 12, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 2425, entitled "AN ACT concerning currency exchanges", with the following specific recommendation for change:

by replacing lines 30 and 31 on page 1 and lines 1 through 7 on page 2 with the following:

"(b) In lieu of the surety bond requirements of subsection (a), a community currency exchange licensee may annually submit evidence satisfactory to the Director that the community currency exchange licensee is covered by a blanket bond, approved by the Director, that covers multiple

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licensees who are members of a statewide association of community currency exchanges. Such a blanket bond must be issued by a bonding company authorized to do business in this State in the principal amount of not less than \$10,000 for each licensee covered by the bond. Such bond shall run to the Director and shall be for the benefit of any creditors of such currency exchanges for any liability incurred by the currency exchanges on any money orders issued or sold by the currency exchanges and for any liability incurred by the currency exchanges for any sum or sums due to any payee or endorsee of any check, draft, or money order left with the currency exchanges for collection, and for any liability incurred by the currency exchanges in connection with the rendering of any of the services referred to in Section 3 of this Act. From time to time the Director may determine the amount of liabilities as described herein and shall require the licensee to file evidence satisfactory to the Director that the community currency exchange licensee is covered by a blanket bond that covers multiple licensees who are members of a statewide association of community currency exchanges, in an additional sum if the same is determined to be necessary in accordance with the requirements of this Section. In no case shall the bond be less than the initial \$10,000 for each licensee covered by the bond, nor more than the total of the outstanding liabilities of each licensee covered by the bond.”

With this change, House Bill 2425 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the Governor's specific recommendations for change notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 197

A bill for AN ACT in relation to public health.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 5, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

July 24, 2003

To the Honorable Members of the
 Illinois House of Representatives

93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 197 entitled "AN ACT in relation to public health," with the following specific recommendation for change:

on line 9, by replacing "shall" with "may".

With this change, House Bill 197 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 88

A bill for AN ACT in relation to health care.

[November 6, 2003]

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:
Adopted by the House, November 5, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 88 in manner and form as follows:

AMENDMENT TO HOUSE BILL 88

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 88 on page 5, by replacing lines 27 through 29 with the following:
"based non-for-profit agency is unqualified to accept such assignment. Where the clientele of any"; and by replacing lines 31 through 34 on page 5 and line 1 on page 6 with the following:
"under this amendatory Act of 1977 by more than 3% over the prior year, the Department shall fully reimburse such agency for the costs of providing services to such persons in excess of such 3% increase. The Department shall keep written records"; and on page 24, line 12, by deleting "safety precautions and"; and on page 24, line 13, by deleting "lap belts".

August 18, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 88, entitled "AN ACT in relation to health care", with the following specific recommendations for change:

on page 5, by replacing lines 27 through 29 with the following:
"based non-for-profit agency is unqualified to accept such assignment. Where the clientele of any"; and by replacing lines 31 through 34 on page 5 and line 1 on page 6 with the following:
"under this amendatory Act of 1977 by more than 3% over the prior year, the Department shall fully reimburse such agency for the costs of providing services to such persons in excess of such 3% increase. The Department shall keep written records"; and on page 24, line 12, by deleting "safety precautions and"; and on page 24, line 13, by deleting "lap belts".

With these changes, House Bill 88 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 313

A bill for AN ACT in relation to vehicles.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:
Adopted by the House, November 4, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 313 in manner and form as follows:

[November 6, 2003]

AMENDMENT TO HOUSE BILL 313
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 313 as follows:

on page 1, line 28, by adding the following sentence after "Code.":

"In implementing and enforcing the provisions of this Section, the Department and other authorized State agencies shall do so in a manner that is not inconsistent with any applicable federal law or regulation so that no federal funding or support is jeopardized by the enactment or application of these provisions."; and

on page 3, line 11, by adding the following language after "passengers":

"are only exempted to the extent that the safety testing requirements applicable to such vehicles in the state of registration are no less stringent than the safety testing requirements applicable to contract carriers that are lawfully registered in Illinois".

August 1, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 313 entitled "AN ACT in relation to vehicles," with the following specific recommendation for change:

on page 1, line 28, by adding the following sentence after "Code,"

"In implementing and enforcing the provisions of this Section, the Department and other authorized state agencies shall do so in a manner that is not inconsistent with any applicable federal law or regulation so that no federal funding or support is jeopardized by the enactment or application of these provisions."

and on page 3, line 11, by adding the following language after "passengers,":

"are only exempted to the extent that the safety testing requirements applicable to such vehicles in the State of registration are no less stringent than the safety testing requirements applicable to contract carriers that are lawfully registered in Illinois;"

With these changes, which are necessary to protect the State's continued access to federal Motor Carrier Safety Assistance Program funds, House Bill 313 will have my approval. I respectively request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 684

A bill for AN ACT concerning disabled persons.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Adopted by the House, November 5, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 684 in manner and form as follows:

AMENDMENT TO HOUSE BILL 684
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 684 on page 1, line 24, by deleting "or autism,"; and

on page 1, line 30, after the period, by inserting "For purposes of this Section, autism is considered a

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related condition."; and
 on page 2, line 11, after "(DSM-IV)", by inserting ", or its successor,"; and
 on page 2, line 13, after "(ICD-9-CM)", by inserting ", or its successor,"; and
 on page 3, line 5, by replacing "3 or more" with "any"; and
 on page 4, line 7, after "with", by inserting "developmental"; and
 on page 4, line 13, after "with", by inserting "developmental"; and
 on page 5, line 15, by replacing "shall" with "may"; and
 on page 7, below line 28, by inserting the following: "(10) Mental health supports. Individuals with a disability must be provided needed mental health supports such as psychological rehabilitation, psychiatric and medication coverage, day treatment, care management, and crisis services."; and
 on page 7, line 29, by replacing "(10)" with "(11)"; and
 on page 8, line 10, by replacing "(10)" with "(11)".

August 19, 2003

To the Honorable Members of the
 Illinois House of Representatives
 93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 684, entitled "AN ACT concerning disabled persons", with the following specific recommendations for change:

on page 1, line 24, by deleting "or autism,"; and
 on page 1, line 30, after the period, by inserting "For purposes of this Section, autism is considered a related condition."; and
 on page 2, line 11, after "(DSM-IV)", by inserting ", or its successor,"; and
 on page 2, line 13, after "(ICD-9-CM)", by inserting ", or its successor,"; and
 on page 3, line 5, by replacing "3 or more" with "any"; and
 on page 4, line 7, after "with", by inserting "developmental"; and
 on page 4, line 13, after "with", by inserting "developmental"; and
 on page 5, line 15, by replacing "shall" with "may"; and
 on page 7, below line 28, by inserting the following:
 "(10) Mental health supports. Individuals with a disability must be provided needed mental health supports such as psychological rehabilitation, psychiatric and medication coverage, day treatment, care management, and crisis services."; and
 on page 7, line 29, by replacing "(10)" with "(11)"; and
 on page 8, line 10, by replacing "(10)" with "(11)".

With these changes, House Bill 684 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 816

A bill for AN ACT in relation to employment.

[November 6, 2003]

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:
Adopted by the House, November 5, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 816 in manner and form as follows:

AMENDMENT TO HOUSE BILL 816
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 816 as follows:

on page 1, line 22, by replacing "1988" with "1998"; and
on page 1, by replacing line 29 with the following:

"by December 31, 2004 based on the previous State program year of July 1 through June 30, and is due annually thereafter. "Individuals with disabilities" are defined as those who self-report as being qualified as disabled under the 1973 Rehabilitation Act or the 1990 Americans with Disabilities Act, for the purposes of this Law."

August 19, 2003

To the Honorable Members of the
Illinois House of Representatives

93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 816, entitled "AN ACT in relation to employment", with the following specific recommendations for change:

on page 1, line 22, by replacing "1988" with "1998"; and
on page 1, by replacing line 29 with the following:

"by December 31, 2004 based on the previous State program year of July 1 through June 30, and is due annually thereafter. "Individuals with disabilities" are defined as those who self-report as being qualified as disabled under the 1973 Rehabilitation Act or the 1990 Americans with Disabilities Act, for the purposes of this Law."

With these changes, House Bill 816 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 1516

A bill for AN ACT relating to certain financial institutions.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Adopted by the House, November 4, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 1516 in manner and form as follows:

AMENDMENT TO HOUSE BILL 1516
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 1516 on page 1, line 5, by deleting "12,"; and

[November 6, 2003]

on page 1, by deleting lines 6 through 31; and
by deleting all of pages 2 and 3; and
on page 4, by deleting lines 1 through 10.

July 17, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1516 entitled "AN ACT relating to certain financial institutions," with the following specific recommendations for change:

on page 1, line 5, by deleting "12"; and

on page 1, by deleting lines 6 through 31; and
by deleting all of pages 2 and 3; and
on page 4, by deleting lines 1 through 10.

With these changes, House Bill 1516 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 2545

A bill for AN ACT in relation to juvenile offenders, which may be referred to as the Redeploy Illinois Program amendments.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Adopted by the House, November 4, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 2545 in manner and form as follows:

AMENDMENT TO HOUSE BILL 2545
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 2545 as follows:

by replacing line 26 on page 4 through line 7 on page 5 with the following:

"(d) (Blank)."

August 18, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 2545, entitled "AN ACT in relation to juvenile offenders, which may be referred to as the Redeploy Illinois Program amendments", with the following specific recommendation for change:

by replacing line 26 on page 4 through line 7 on page 5 with the following:

"(d) (Blank)."

[November 6, 2003]

With this change, House Bill 2545 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 3048

A bill for AN ACT relating to procurement.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Adopted by the House, November 4, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 3048 in manner and form as follows:

AMENDMENT TO HOUSE BILL 3048

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 3048 on page 2, by inserting after line 4 the following:

"The provisions of this Section shall not apply to federally funded construction projects if such application would jeopardize the receipt or use of federal funds in support of such a project."

March 8, 2005

To the Honorable Members of the
 Illinois House of Representatives
 93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 3048, entitled "AN ACT relating to procurement", with the following specific recommendations for change:

on page 2, by inserting after line 4 the following:

"The provisions of this Section shall not apply to federally funded construction projects if such application would jeopardize the receipt or use of federal funds in support of such a project."

While I support the intentions of HB 3048 to ensure that state construction projects are let to responsible contractors, using well-trained, highly skilled workers, the bill as written may conflict with federal highway regulations which could jeopardize the receipt of federal highway funds. With these changes, which are necessary to ensure the continued viability of federal funding for highway projects, House Bill 3048 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has accepted the Governor's specific recommendations for change, which are attached, to a bill of the following title, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 3080

A bill for AN ACT concerning assessor's compensation.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

[November 6, 2003]

Adopted by the House, November 4, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 3080 in manner and form as follows:

AMENDMENT TO HOUSE BILL 3080

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 3080 on page 1, line 22, by deleting "or special"; and on page 1, line 22, by deleting "of the county"; and on page 1, line 24, after "50,000", by inserting "or a decrease to 50,000 or fewer"; and on page 1, line 25, by replacing "and median levels of assessment" with "and the most recent year of the 3-year average level of assessments"; and on page 1, line 30, by replacing "less than 50,000" with "~~less than~~ 50,000 or fewer".

August 12, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 3080, entitled "AN ACT concerning assessor's compensation", with the following specific recommendations for change:

on page 1, line 22, by deleting "or special"; and
on page 1, line 22, by deleting "of the county"; and
on page 1, line 24, after "50,000", by inserting "or a decrease to 50,000 or fewer"; and
on page 1, line 25, by replacing "and median levels of assessment" with "and the most recent year of the 3-year average level of assessments"; and
on page 1, line 30, by replacing "less than 50,000" with "~~less than~~ 50,000 or fewer".

With these changes, House Bill 3080 will have my approval. I respectfully request your concurrence.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, the Governor's specific recommendations for change notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 3556

A bill for AN ACT in relation to sex offenders.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 5, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

August 26, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

House Bill 3556 makes important changes to strengthen the role of the Sex Offender Management Board. It adds four members to the Board, including representatives of the Illinois Polygraph Society, the Criminal Justice Information Authority, the Illinois Chapter of the Association

[November 6, 2003]

for the Treatment of Sexual Abusers, and the Illinois Principal Association. It also requires that programs that evaluate and treat sex offenders meet standards set by the Board and most significantly requires that sex offenders under the authority of the criminal justice system undergo evaluation and treatment. By strengthening the standards for programs that evaluate and treat sex offenders and by strengthening the Board itself, we help ensure the safety of our communities and provide appropriate intervention for those who have committed sex offenses. I applaud these changes.

I am concerned, though, by the fiscal impact on the state that the legislation imposes by mandating evaluation and treatment of all sex offenders who are on probation, incarcerated, or on parole. The Department of Corrections estimates the cost at \$12 million per year to evaluate and treat those who are incarcerated. With evaluations costing approximately \$400 and even modest treatment at \$1400 per year, the cost of the mandates imposed by this legislation are significant not only for the state but also for the counties that must similarly bear the burden of this new, unfunded mandate.

I am therefore returning House Bill 3556 to the General Assembly with modifications that address these fiscal pressures by ensuring that evaluations and treatment are available within the constraint of funds available.

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 3556 entitled, "AN ACT in relation to sex offenders", with the following specific recommendations for change:

by replacing line 33 on page 7 through line 2 on page 8 with "Management Board and shall be provided subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 8, by replacing lines 15 and 16 with "and shall be provided subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 8, line 24, by deleting "at the"; and on page 8, by replacing lines 25 and 26 with "shall be provided subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 9, line 11, by replacing "at the expense" with "subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for the purpose"; and on page 9, by deleting line 12; and on page 9, line 13, by deleting "ability to pay"; and on page 9, line 16, after "Act", by inserting "or there is insufficient State and county appropriations for the purpose"; and on page 9, line 17, by replacing "shall" with "may"; and on page 9, line 18, by replacing "reimbursement" with "funding"; and on page 9, line 18, after "services", by inserting "from the Fund"; and on page 10, line 2, after "appropriations", by inserting "for this purpose"; and on page 10, line 30, by replacing "evaluation. The" with "evaluation, subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose. The"; and on page 14, by replacing lines 23 and 24 with "shall be provided subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 37, line 22, after "shall", by inserting ", subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 44, line 5, after "Corrections", by inserting ", subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose"; and on page 44, line 13, after "offender treatment", by inserting ", subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 44, line 26, after "offender treatment", by inserting ", subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and

on page 46, line 29, after "shall", by inserting "subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 57, line 11, after "shall", by inserting "subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and on page 63, line 8, by replacing "\$35" with "\$60"; and on page 63, line 19, by replacing "\$25" with "\$50"; and on page 66, line 15, after "shall", by inserting "subject to available funds, including the offender's ability to pay, moneys available in the Sex Offender Management Board Fund, and State and county appropriations for this purpose."; and

With these changes, House Bill 3556 will have my approval. I respectfully request your concurrence.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has restored to the original amount, the item reduced by the Governor, which is attached, in a bill of the following title, in which I am instructed to ask concurrence of the Senate, to-wit:

HOUSE BILL 2663

A bill for AN ACT making appropriations.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 5, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

Item Reduced by the Governor in House Bill 2663 which was restored:

Page(s)	Line(s)
15	27-29

July 9, 2003

To the Honorable Members of the
 Illinois House of Representatives
 93rd General Assembly

Pursuant to Article IV, Section 9(d) of the Illinois Constitution of 1970, I hereby veto and return several appropriation items included in House Bill 2663, entitled "AN ACT making appropriations," having taken the actions set forth below.

We must continue to do more with less in these difficult financial times. As a result, it is necessary to make further reductions in the amount allocated to the State Board of Education for their administration of grant programs and to the administrative costs of the Regional Offices of Education. These reductions are solely intended to be in the administrative costs only and not to reduce grants to schools districts, community organizations or other recipients. I remain solidly committed to providing support for our classrooms, our teachers, and our school children, as this Act demonstrates. PA 93-0014 provides \$100 million dollars to elementary and secondary education. In signing this bill, I am increasing state funding for P-12 education by \$284.5 million for a total increase of \$384.5 million, including an increase to the Foundation Level of \$250 per pupil.

This veto message reduces the total appropriation in HB2663 by \$20,861,350 for reductions and item vetoes for substantive programs.

Item Vetoes

I hereby veto the following appropriations items:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
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[November 6, 2003]

1	5	3	16-18	115,000
1	5	3	19	5,500
1	5	3	20	13,000
1	5	3	21	9,500

HB 2663

Page 2

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
1	5	3	22-23	32,000
1	5	3	24	5,825,000
1	15	16	22-24	413,600
1	15	16	25	17,300
1	15	16	26	10,400
1	15	16	27	9,000
1	15	16	28	821,300
1	15	16	29	728,400
1	20	17	12-15	350,000
1	20	17	19-22	800,000
1	20	17	23-27	700,000

Reduction Vetoes

I hereby reduce the following appropriation items and approve each item in the amount set forth in the "Reduced Amount" column below:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
1	10	14	15	250,000	62,500
1	10	14	16	12,000	3,000
1	10	14	17	3,000	750
1	10	14	18	5,000	1,250
1	10	14	19	42,000	10,500
1	10	14	20	198,000	49,500
1	10	14	21	25,000	6,250
1	10	14	22	10,000	2,500
1	10	14	23	15,000	3,750
1	10	14	24	25,000	6,250
1	10	14	25	15,000	3,750
1	15	15	5-6	373,000	93,250
1	15	15	7-9	666,100	166,500
1	15	15	14	73,000	18,250
1	15	15	15-16	3,400	850
1	15	15	17	1,000	250
1	15	15	18	2,000	500
1	15	15	19-20	249,000	62,250
1	15	15	23-24	25,053,400	24,836,800
1	15	15	27-29	26,395,200	25,295,200
1	15	16	5-9	14,586,300	14,499,400
1	15	16	18-19	39,922,800	38,328,700

HB 2663

Page 3

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
1	15	16	20-21	17,221,900	17,138,600
1	20	17	8-11	1,500,000	375,000
1	20	17	16-18	500,000	125,000
1	20	17	28-30	800,000	200,000

[November 6, 2003]

1	20	18	1-6	500,000	125,000
1	25	21	5-9	6,500,000	3,250,000
1	25	22	28	159,200	39,800
1	25	22	29	6,800	1,700
1	25	22	30	12,100	3,025
1	25	23	1	8,700	2,175
1	25	23	2	319,600	79,900
1	25	23	8-12	8,500,000	8,150,000

In addition to these specific item and reduction vetoes, I hereby approve all other appropriation items in House Bill 2663.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed the item, which is attached in a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 2671

A bill for AN ACT making appropriations.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 6, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

Item Vetoed by the Governor in House Bill 2671 which was restored:

Page(s)	Line(s)
18	17-22

July 3, 2003

To the Honorable Members of the

Illinois House of Representatives
 93rd General Assembly

Pursuant to Article IV, Section 9(d) of the Illinois Constitution of 1970, I hereby veto and return several appropriation items included in House Bill 2671, entitled "AN ACT making appropriations," having taken the actions set forth below.

This veto message reduces the total appropriation in HB 2671 by \$54,012,809, including reduction and item vetoes for substantive programs of \$11,308,100 and a reduction of \$42,704,719 in technical changes for reappropriations based upon the items' June 30, 2003 unspent balances (reducing the reappropriations for actual spending through June 30, 2003). Included in this veto message is a partial reduction in funds added by the General Assembly to the Illinois Community College Board and the Illinois Student Assistance Commission. Despite these reductions, the MAP program will increase \$6,000,000 over the FY03 appropriation and the Community College Base Operating grants will increase by \$3,708,100.

Item Vetoes

I hereby veto the following appropriations items:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
1	32	2	25	900,000
1	32	2	26	700,000

Reduction Vetoes

I hereby reduce the following appropriation items and approve each item in the amount set forth in the "Reduced Amount" column below:

<i>Article</i>	<i>Section</i>	<i>Page(s)</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
2	25	8	13-19	344,699,800	338,699,800
3	120	18	17-22	7,416,200	3,708,100
4	25	19	19-30	184,298	0
4	35	20	13-24	40,698,713	21,390,050
4	40	20	25-32 and	78,129	0
4	40	21	1	12,715,704	784,000
4	45	21	2-8	14,873,040	12,380,000
4	50	21	9-16		
4	60	21	24-30	477,225	446,175
4	70	22	8-21	25,000,000	17,185,725
9	10	26	2-8	665,700	652,100
9	15	26	9-20	175,250	141,600
9	20	26	21-31	632,900	564,250
10	15	28	1-9	2,900,000	2,152,350

In addition to these specific item and reduction vetoes, I hereby approve all other appropriation items in House Bill 2671.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed the item, which is attached in a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 2716

A bill for AN ACT making appropriations.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 6, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

Item Vetoed by the Governor in House Bill 2716 which was restored:

Page(s)	Line(s)
81	27-30

July 3, 2003

To the Honorable Members of the
 Illinois House of Representatives
 93rd General Assembly

Pursuant to Article IV, Section 9(d) of the Illinois Constitution of 1970, I hereby veto and return several appropriation items included in House Bill 2716, entitled "AN ACT making appropriations" having taken the actions set forth below.

This veto message reduces the total appropriation in House Bill 2716 by \$36,372,412, including reduction and item vetoes for substantive programs of \$28,892,000 and a reduction of \$7,480,412 in technical changes for reappropriations based upon the items' June 30, 2003 unspent balances (reducing the reappropriations for actual spending through June 30, 2003).

Item Vetoes

I hereby veto the following appropriations items:

[November 6, 2003]

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
2	95	27	8-11	20,000
2	255	51	32-34	1,000,000
2	255	52	1-6	4,000,000
2	275	57	2-4	50,000
2	275	59	13-15	250,000
2	275	59	16-18	50,000
4	20	77	19-21	51,400
4	40	81	27-30	316,600
4	45	84	25-27	1,000,000

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
4	55	87	21-24	375,000
4	55	87	25-26	100,000
4	105	101	19-23	600,000

Reduction Vetoes

I hereby reduce the following appropriation items and approve each item in the amount set forth in the "Reduced Amount" column below:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
1	10	5	24-25	2,258,373,200	2,256,723,200
2	5	12	18-19	6,150,000	5,150,000
2	30	15	33	<i>and</i>	
2	30	16	1	182,500	180,500
2	70	23	6-7	5,090,300	5,034,200
2	95	25	18-22	3,000,000	2,966,900
2	95	25	23-25	9,460,600	9,356,400
2	95	25	26-29	44,426,200	35,226,200
2	95	25	30-31	3,500,000	1,750,000
2	95	26	3	5,000,000	4,944,900
2	95	26	6-7	10,020,700	9,910,300
2	95	26	11	23,872,000	23,609,000
2	95	26	19-21	10,844,400	10,724,900
2	100	28	13-16	2,000,000	1,864,300
2	130	32	18-19	43,300	42,800
2	145	35	3-9	17,000,000	9,519,588
2	160	36	20-22	387,900	383,600

[November 6, 2003]

2	175	40	8-9	40,000	39,600
2	195	43	2-3	150,000	148,300
2	230	47	26-27	153,800	152,100
2	255	50	23-24	4,816,900	3,616,900
2	275	56	31-33	21,759,200	21,279,700
2	275	56	34	<i>and</i>	

HB 2716
Page 3

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
2	275	57	1	19,925,900	19,374,000
2	275	57	5-6	7,698,300	7,399,000
2	285	60	27-28	3,500,000	3,403,000
2	285	60	29-30	13,699,700	13,320,200
2	285	60	31-32	3,187,900	3,099,600
2	285	61	1	4,776,600	4,276,600
2	285	61	3	1,634,200	1,588,900
4	70	90	4-5	700,000	230,000
4	75	92	10-11	1,212,100	1,000,100
4	80	95	14	437,900	207,400
4	80	95	15-16	3,000,000	2,000,000
4	85	96	7-8	4,410,700	3,372,700

In addition to these specific item and reduction vetoes, I hereby approve all other appropriation items in House Bill 2716.

Sincerely,
ROD R. BLAGOJEVICH
Governor

A message from the House by
Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has restored to the original amount, items reduced by the Governor, which are attached, in a bill of the following title, in which I am instructed to ask concurrence of the Senate, to-wit:

HOUSE BILL 2700

A bill for AN ACT making appropriations.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 5, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

Items Reduced by the Governor in House Bill 2700 which were restored:

Page(s)	Line(s)
255	17-20
236	18

[November 6, 2003]

236	28
235	28
232	8

July 3, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(d) of the Illinois Constitution of 1970, I hereby veto and return several appropriation items included in House Bill 2700, entitled "AN ACT making appropriations," having taken the actions set forth below.

This veto message reduces the total appropriation in House Bill 2700 by \$1,242,563,311, including reduction and item vetoes for substantive programs of \$158,816,500, a reduction of \$721,780,554 in technical changes for reappropriations based upon the items' June 30, 2003 unspent balance (reducing the reappropriations for actual spending through June 30, 2003), and a reduction of \$361,966,257 for errors and items for which provisions are included in SB 1239, which is still under review.

These reductions include savings from the office of the Comptroller. I commend Dan Hynes for volunteering to reduce his budget by 7.5 percent. That reduction will help us set aside more money for schools, for hospitals, for public safety – money that helps working people and makes their lives better. Dan Hynes has long demonstrated a strong commitment to fiscal discipline and integrity, and his decision to voluntarily reduce his budget in these tough times underscores that commitment.

Item Vetoes

I hereby veto the following appropriations items:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
3 ¹	195	66	18-21	15,000,000
3	223	68	25-28	75,000
3	234	68	29	<i>and</i>
3 ²	234	69	1-11	1,354,435
3 ²	235	69	12-23	2,998,305
3 ²	236	69	24-32	<i>and</i>

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
3 ²	237	70	4-13	8,408,500
3 ²	238	70	14-20	50,000
3 ²	240	70	21-29	1,060,912
3 ²	241	70	30	<i>and</i>
3 ²	241	71	1-7	69,632
3 ²	242	71	8-20	1,459,799
3 ²	243	71	21-30	1,599,125
3 ²	244	71	31	<i>and</i>
3 ²	244	72	1-9	6,548,727
3 ²	245	72	10-22	14,846,409

¹ We are vetoing this duplicate of an item in SB 1239, which is still under review.

² A provision for this project is included in SB 1239, which is still under review.

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
3 ²	246	72	23-32	11,258,849
3 ²	247	73	1-10	253,471
3 ²	248	73	11-23	340,000
3 ²	249	73	24-32	<i>and</i>
3 ²	249	74	1-6	332,151
3 ²	250	74	7-20	449,846
3 ²	251	74	21-32	<i>and</i>
3 ²	251	75	1-2	17,493,196
4	10	84	16	2,323,250
4	15	98	30	2,905,750
4	15	98	31-32	121,600
4	15	98	33-34	18,100
4	15	99	1-2	263,000
4	15	99	3-4	184,400
4	15	99	5	1,243,800
4	15	99	6	8,200
4	15	99	7-8	250
4	15	99	9	131,400
4	15	99	10	5,000
4	15	99	11	87,000
4	15	99	12	23,500
4	15	99	13	8,000
4	45	103	15-19	17,300,000
4 ³	50	103	20-27	78,054,054
4 ³	55	103	28-30	<i>and</i>
4 ³	55	104	1-5	126,120,700

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
8A ²	10	191	24-30	<i>and</i>
8A ²	10	192	1-17	5,630,000
8A ²	11	192	18-33	<i>and</i>
8A ²	11	193	1-8	9,815,000
8A ²	12	193	9-32	9,671,700

² A provision for this project is included in SB 1239, which is still under review.

³ We are vetoing this item that includes inaccurate appropriation amounts and is duplicated at the correct appropriation levels in SB1239, which is still under review.

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
8A ²	13	194	1-24	10,000,000
8A ²	14a1	194	25-32	255,800
8A ²	14a2	195	1-7	26,700
8A ²	14a3	195	8-15	317,700
8A ²	14a4	195	16-23	8,600
8A ²	14a5	195	24-31	732,800
8A ²	14a6	196	1-8	39,200
8A ²	14a8	196	16-22	278,400
8A ²	14a9	196	23-29	195,700
8A ²	14a10	196	30	<i>and</i>
8A ²	14a10	197	1-6	142,200
8A ²	14a12	197	15-22	50,000
8A ²	15	197	24-29	3,048,400
8A ²	16s2	198	9-15	354,500
8A ²	17	198	16-24	32,000
8A ²	18	198	25-31	<i>and</i>
8A ²	18	199	1-2	25,300
8A ²	20	199	3-9	264,700
8A ²	23	199	17-24	247,900
8A ²	25	199	25-30	<i>and</i>
8A ²	25	200	1-3	15,000
8A ²	26	200	4-11	165,500
8A ²	27	200	12-19	12,600
8A ²	28	200	20-26	385,100
8A ²	29	200	27-30	<i>and</i>
8A ²	29	201	1-4	325,100
8A ²	30	201	5-12	27,700
8A ²	31	201	13-20	75,000
8A ²	32	201	21-29	26,500
8A ²	33	201	30	<i>and</i>
8A ²	33	202	1-7	233,800
8A ²	34	202	8-16	250,900
8A ²	35	202	17-24	204,100
8A ²	36	202	25-31	<i>and</i>
8A ²	36	203	1-2	4,800
8A ²	37	203	3-10	175,700
8A ²	38	203	11-17	5,000
8A ²	39	203	18-26	870,000
8A ²	40	203	27-30	<i>and</i>
8A ²	40	204	1-4	22,700
8A ²	41	204	5-11	30,200

² A provision for this project is included in SB 1239, which is still under review.

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>
8A ²	42	204	12-19		100,000
8A ²	43	204	20-31	<i>and</i>	
8A ²	43	205	1-12		3,671,800
8A ²	44	205	13-20		373,400
8A ²	45	205	21-28		100,000
8A ²	46	205	29-31	<i>and</i>	
8A ²	46	206	1-5		300,000
8A ²	47	206	6-12		23,800
8A ²	48	206	13-19		10,100
8A ²	49	206	20-26		75,000
8A ²	50	206	27-30	<i>and</i>	
8A ²	50	207	1-3		8,300
8A ²	51	207	4-14		616,500
8A ²	52	207	15-21		50,000
8A ²	53	207	22-31	<i>and</i>	
8A ²	53	208	1-15		493,700
8A ²	54	208	16-21		1,200,600
8A ²	56	208	31	<i>and</i>	
8A ²	56	209	1-23		474,000
8A ²	57	209	24-31		500,000
8A ²	58	209	32	<i>and</i>	
8A ²	58	210	1-7		200,000
8A ²	59	210	8-15		200,000
8A ²	60	210	16-24		1,320,000
8A ²	61	210	25-31	<i>and</i>	
8A ²	61	211	1-2		800,000
8A ²	62	211	3-11		1,350,000
8A ²	63	211	12-18		2,300,000
13	185	247	18-23		1,000,000
13	195	248	1-4		300,000

Reduction Vetoes

I hereby reduce the following appropriation items and approve each item in the amount set forth in the "Reduced Amount" column below:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
1	170	21	18-25	6,400	0
2	20	28	14-17	962,025,500	942,025,500
3	15	40	28-30	7,200,000	4,638,000
3	25	42	6-14	1,272,942	894,550

² A provision for this project is included in SB 1239, which is still under review.
[November 6, 2003]

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
3	50	46	15-23	43,851	42,436
3	65	47	11-19	403,827	0
3	70	47	20-27	879,529	551,376
3	70	47	20-27	347,114	305,387
3	70	47	20-27	371,099	0
3	80	48	2-6	2,000,000	1,000,000
3	155	61	6-15	290,600	45,500
3	180	64	11-19	487,500	437,500
3	200	66	23-30	<i>and</i>	
3	200	67	1-3	2,239,300	1,039,300
4	5	78	3	41,811,800	41,449,100
5	40	118	21-29	39,273,600	28,719,265
7	5	127	13-14	1,000,000	500,000
7	30	129	21	4,974,700	4,924,700
7	30	129	23	708,600	693,500
8	18b	155	25-30	<i>and</i>	
8	18b	156	1	120,000,000	71,763,100
8A	1a	172	11-19	730,200	674,710
8A	1a1	172	20-26	1,842,300	1,735,219
8A	1a2	172	27-30	<i>and</i>	
8A	1a2	173	1-3	39,153,600	29,339,271
8A	1a3	173	4-11	3,732,400	3,433,784
8A	1a4	173	12-18	2,657,700	2,546,280
8A	1a5	173	19-26	4,511,200	4,095,772
8A	1a6	173	27-30	<i>and</i>	
8A	1a6	174	1-3	19,396,200	18,980,883
8A	1a7	174	4-10	13,624,000	13,495,687
8A	1b	174	12-19	40,307,300	39,680,807
8A	1b1	174	20-27	84,900	84,857
8A	1b2	174	28-30	<i>and</i>	
8A	1b2	175	1-5	1,346,300	1,231,150
8A	2	175	8-14	18,616,600	16,886,552
8A	3	175	17-23	487,500	262,214
8A	3a	175	25-31	<i>and</i>	
8A	3a	176	1-2	5,390,200	5,390,104

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	3a1	176	3-11		18,519,900	10,757,102
8A	3a2	176	12-19		155,600	155,595
8A	3b	176	21-27		99,230,400	72,878,784
8A	3b1	176	28-30	<i>and</i>		
8A	3b1	177	1-4		27,112,300	21,349,170
8A	3b2	177	5-11		8,664,400	7,944,505
8A	3b3	177	12-18		179,603,400	159,509,274
8A	3b5	177	26-30	<i>and</i>		
8A	3b5	178	1-2		5,644,300	5,437,314
8A	3b6	178	3-11		18,958,900	11,271,866
8A	3b7	178	12-18		4,793,300	3,336,750
8A	4	178	21-27		3,041,900	2,592,239
8A	5a	178	30	<i>and</i>		
8A	5a	179	1-6		18,135,500	13,303,638
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		612,238,800	542,861,338
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		55,305,600	44,919,880
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		29,714,000	21,238,502
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		29,906,300	22,787,541
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		39,667,700	29,914,867
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		46,196,400	33,769,385
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		42,463,600	38,521,667
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		78,688,000	71,069,537
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		26,488,700	17,520,244
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		118,496,200	104,398,017
8A	5b2	180	8-13		306,242,200	238,359,807
8A	5b3	180	14-19		230,940,100	186,231,848
8A	5b4	180	20-25		63,313,300	58,885,681
8A	5b5	180	26-30	<i>and</i>		
8A	5b5	181	1		28,973,400	26,335,546
8A	5b6	181	2-7		117,411,100	113,395,974
8A	5b7	181	8-15		201,100	178,241
8A	5b8	181	16-23		27,200	27,151
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		160,103,300	134,821,328

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		23,310,800	19,623,072
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		15,011,900	12,028,771
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		12,487,900	9,045,128
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		16,505,800	11,151,855
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		30,236,400	20,617,417
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		16,393,700	14,081,835
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		37,855,300	28,335,330
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		14,439,700	10,883,805
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		40,485,500	35,773,773
8A	5b10	182	26-32		217,888,500	154,952,223
8A	5b11	183	1-7		73,432,900	57,805,834
8A	5b12	183	8-13		14,134,800	12,554,160
8A	5b13	183	14-20		7,682,200	6,911,356
8A	5b14	183	21-27		20,716,100	19,987,084
8A	5b15	183	28-30	<i>and</i>		
8A	5b15	184	1-4		470,811,500	396,519,382
8A	5b16	184	5-11		155,227,800	121,264,868
8A	5b17	184	12-18		18,279,600	12,782,973
8A	5b18	184	19-26		71,597,500	61,876,340
8A	6a	184	29-30	<i>and</i>		
8A	6a	185	1-6		349,199,300	335,148,119
8A	6a1	185	7-14		47,366,600	44,543,357
8A	6a2	185	15-22		1,295,900	1,265,571
8A	6b	185	23-29		36,000,000	31,210,575
8A	7a	186	2-9		10,426,700	9,597,087
8A	7a1	186	10-18		3,409,900	2,774,558
8A	7a2	186	19-26		4,090,800	3,881,460
8A	8a	186	29-31	<i>and</i>		
8A	8a	187	1-5		388,800	328,214
8A	8a1	187	6-14		2,058,800	1,814,036
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		236,536,900	219,493,369
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		24,699,000	21,969,092

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		68,253,500	64,417,322
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		5,000,100	5,000,002
8A	8b1	188	7-25		3,071,100	3,066,751
8A	8b1	188	7-25		3,101,300	3,101,254
8A	8b1	188	7-25		871,800	871,759
8A	8b2	188	26-32		5,670,200	5,670,155
8A	8b3	189	1-8		14,304,200	12,931,527
8A	8b4	189	9-20		66,962,000	57,953,009
8A	9a	189	23-30		6,879,900	4,405,523
8A	9a1	189	31	<i>and</i>		
8A	9a1	190	1-7		13,723,100	13,604,724
8A	9a2	190	8-16		3,389,300	3,389,212
8A	9a4	190	25-31		21,800	21,789
8A	9a5	191	1-8		14,449,600	12,256,196
8A	9a6	191	9-15		525,400	496,701
8A	9a7	191	16-22		38,834,300	35,718,964
9	1	212	29		1,223,900	1,009,100
9	1	212	30-31		48,900	40,300
9	1	212	32	<i>and</i>		
9	1	213	1		164,500	135,600
9	1	213	2-3		93,600	77,200
9	1	213	4		162,100	133,700
9	1	213	5		15,000	12,400
9	1	213	6		4,000	3,300
9	1	213	7		2,900	2,400
9	1	213	8		30,300	25,000
9	1	213	9		6,200	5,100
9	1	213	10		27,100	22,300
9	1	213	11		2,500	2,100
10	1	213	19		1,341,500	1,106,100
10	1	213	20-21		53,700	44,300

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
10	1	213	22-23	137,900	113,700
10	1	213	24-25	99,100	81,700
10	1	213	26	218,900	180,500
10	1	213	27	28,000	23,100
10	1	213	28	4,300	3,500
10	1	213	29	3,900	3,200
10	1	213	30	31,000	25,600
10	1	213	31	45,000	37,100
10	1	213	32	55,700	45,900
11	5	214	10	4,110,700	3,909,700
11	5	214	11-12	164,400	93,000
11	5	214	15-16	314,500	300,000
11	5	214	17	1,652,400	1,602,400
11	5	214	18	60,300	45,300
11	5	214	28	4,701,800	4,618,000
11	5	214	29-30	188,100	144,000
11	5	215	1-2	359,700	353,700
11	5	215	3	389,400	339,400
11	5	215	11	4,043,000	3,958,500
11	5	215	12-13	161,700	114,600
11	5	215	16-17	309,300	303,300
11	5	215	18	2,294,800	1,623,500
11	5	215	24-25	1,913,000	1,863,000
11	5	215	28	1,798,400	1,748,400
11	5	215	29-30	71,900	50,300
11	5	215	33-34	137,600	133,600
11	5	216	2	80,500	70,500
11	20	216	27	155,000	150,700
11	20	216	28	118,500	115,300
11	20	216	29	136,700	133,000
11	20	216	30	136,700	133,000

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	20	216	31	118,500	115,300
11	20	217	1	118,500	115,300
11	25	217	10	100,900	98,200
11	25	217	12	116,300	113,200
11	25	217	13	98,800	96,100
11	25	217	15	124,300	120,900
11	25	217	16	211,400	205,600
11	25	217	18	131,200	127,600
11	25	217	20	131,200	127,600
11	25	217	21	223,100	217,000
11	25	217	23	124,300	120,900
11	25	217	24	105,700	102,800
11	25	217	26	116,400	113,200
11	25	217	28	100,900	98,200
11	25	217	29	86,100	83,700
11	25	217	31	131,200	127,600
11	25	217	32	223,100	217,000
11	25	218	1	116,300	113,200
11	25	218	2	98,800	98,100
11	25	218	4	108,400	105,400
11	25	218	5	98,800	96,100
11	25	218	6	45,600	44,400
11	25	218	7-8	50,200	48,800
11	25	218	10	116,300	112,600
11	25	218	11	98,800	96,100
11	25	218	13	100,900	98,200
11	25	218	14-15	172,100	167,400
11	25	218	17	116,300	113,200
11	25	218	18	98,800	96,100
11	25	218	19	82,000	79,800
11	25	218	20	45,100	43,900

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	25	218	22	100,900	98,200
11	25	218	24	91,200	88,700
11	25	218	25-26	328,100	319,200
11	25	218	27-28	255,200	159,600
11	25	218	30	124,300	120,900
11	25	218	31	105,700	102,800
11	25	218	33	131,200	127,600
11	25	218	34	111,600	108,500
11	25	219	2	108,400	105,400
11	25	219	4	124,300	120,900
11	25	219	5	105,700	102,800
11	25	219	7	56,500	55,000
11	25	219	8	182,300	173,900
11	25	219	10	100,900	98,200
11	25	219	11	86,100	83,700
11	25	219	13	26,600	25,900
11	25	219	14	80,200	72,700
11	25	219	16	117,100	113,900
11	25	219	17	408,800	390,000
11	25	219	19	56,700	55,200
11	25	219	20	314,000	305,400
11	25	219	22	51,100	49,700
11	25	219	24	196,900	191,500
11	25	219	26	100,900	98,200
11	25	219	28	100,900	98,200
11	25	219	30	45,600	44,400
11	25	219	31	492,100	478,700
11	25	219	33	109,400	106,400
11	25	219	34	627,900	610,800
11	25	220	2	34,000	33,100
11	25	220	3	178,500	156,600

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	25	220	4	32,900	32,000
11	25	220	10	105,700	102,900
11	25	220	11	613,200	596,500
11	25	220	13	83,800	81,500
11	25	220	14-15	1,049,900	1,010,000
11	25	220	17	15,100	14,700
11	25	220	18	45,100	43,500
11	25	220	20	91,200	88,700
11	25	220	21	488,900	475,600
11	25	220	23-27	103,900	99,400
11	25	220	29	131,200	127,600
11	25	220	30	111,600	108,500
11	25	221	2	100,900	98,200
11	25	221	8	120,400	115,900
11	25	221	11	108,400	105,400
11	25	221	14	118,900	115,700
11	25	221	15	96,000	93,400
11	25	221	18	109,500	106,500
11	25	221	20	96,000	93,400
11	25	221	25	124,300	120,900
11	30	222	13	115,700	112,600
11	30	222	14	215,100	209,300
11	30	222	17-18	7,107,900	6,914,300
11	30	222	19	3,613,200	3,514,800
11	30	222	24-26	96,200	93,600
11	30	222	27	20,300	19,800
11	30	222	28-29	198,400	193,000
11	30	222	30-31	189,400	184,200
11	30	222	32-33	36,100	35,100
11	30	223	1-2	31,600	30,700
11	30	223	3-4	69,200	67,300

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	30	223	9	324,600	298,300
11	35	223	32	1,555,500	1,125,600
11	35	223	33	16,200	11,600
11	35	224	1	13,600	9,900
11	35	224	2	14,600	10,600
11	35	224	3	28,900	20,900
11	35	224	4-5	26,800	19,600
11	35	224	6-7	14,800	10,700
11	35	224	8-9	12,900	9,400
11	35	224	12	1,081,400	1,049,700
11	35	224	13	9,300	8,900
11	35	224	14	7,800	7,600
11	35	224	15	8,300	8,100
11	35	224	16	16,500	16,000
11	35	224	17-18	15,300	15,000
11	35	224	19-20	8,400	8,200
11	35	224	21-22	7,400	7,200
12	45	225	13	4,985,300	4,537,400
12	45	225	14	2,844,000	2,564,800
12	45	225	16	199,400	181,500
12	45	225	17	113,800	102,600
12	45	225	20	670,000	609,800
12	45	225	21	383,700	346,000
12	45	225	24	370,900	337,600
12	45	225	25	217,600	196,200
12	45	225	27	726,000	654,700
12	45	225	29	1,116,600	1,016,300
12	45	225	30	3,350,000	3,021,100
12	45	225	32	133,100	121,100
12	45	226	1	122,000	110,000
12	45	226	3	52,300	47,600

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
12	45	226	4	39,300	35,400
12	45	226	6	28,500	25,900
12	45	226	7	21,000	18,900
12	45	226	9	61,800	56,200
12	45	226	10	21,000	18,900
12	45	226	12	1,021,100	929,400
12	45	226	13	1,130,000	1,019,100
12	45	226	15	175,900	160,100
12	45	226	16	70,000	63,100
12	45	226	18	8,100	7,400
12	45	226	19	3,000	2,700
12	50	226	21-26	7,500,000	6,763,700
12	80	227	30	<i>and</i>	
12	80	228	1-4	500,000	450,900
13	5	229	22-23	4,383,800	4,288,100
13	5	229	24-25	241,500	223,400
13	5	229	31	<i>and</i>	
13	5	230	1	2,589,000	2,426,300
13	5	230	2-3	9,700	9,000
13	5	230	4	3,400,800	3,191,300
13	5	230	5-6	48,300	44,700
13	5	230	9-10	594,400	446,400
13	5	230	11-12	32,500	30,100
13	5	230	15-16	351,200	341,800
13	5	230	17-18	18,500	17,100
13	5	230	20-21	44,000	40,700
13	5	230	23-24	640,300	598,700
13	5	230	32-33	12,700	11,900
13	5	231	1-2	10,000	9,400
13	5	231	4-5	163,500	160,800
13	5	231	9-10	49,743,400	46,329,900

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	231	12-13	3,114,900	2,689,500
13	5	231	14-15	1,906,400	1,084,700
13	5	231	16-17	259,400	211,100
13	5	231	18-19	75,500	68,600
13	5	231	21-22	921,700	862,700
13	5	231	24-25	13,800	12,800
13	5	231	26-27	210,900	130,100
13	5	231	30-31	124,600	107,600
13	5	231	32-33	84,800	48,600
13	5	232	1-2	10,400	8,400
13	5	232	3-4	3,000	2,800
13	5	232	7-8	6,808,900	4,870,800
13	5	232	10-11	420,500	278,900
13	5	232	12-13	284,500	125,400
13	5	232	14-15	34,900	21,700
13	5	232	16-17	10,100	7,100
13	5	232	20-21	3,857,300	3,589,700
13	5	232	23-24	239,600	178,100
13	5	232	25-26	195,900	119,100
13	5	232	27-28	27,500	23,200
13	5	232	29-30	5,800	5,300
13	5	232	32-33	693,000	515,000
13	5	232	34	<i>and</i>	
13	5	233	1	714,600	375,100
13	5	233	2-3	77,000	51,600
13	5	233	4-5	22,000	17,200
13	5	233	7-8	15,311,800	14,260,500
13	5	233	9	1,315,500	1,240,200
13	5	233	10-11	1,750,900	1,658,200
13	5	233	12-13	1,486,100	980,100
13	5	233	14	600,000	440,000

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	233	15-16	190,100	101,800
13	5	233	17-18	600	500
13	5	233	20-21	419,700	398,000
13	5	233	25-26	11,100	8,200
13	5	233	27-28	6,000	3,700
13	5	233	30-31	1,072,500	977,400
13	5	234	1-2	126,000	43,200
13	5	234	3-4	14,500	4,200
13	5	234	5-6	1,100	1,000
13	5	234	8-9	609,500	519,600
13	5	234	13-14	101,100	46,300
13	5	234	15-16	13,000	4,600
13	5	234	18-19	898,800	705,200
13	5	234	21-22	232,400	164,900
13	5	234	23-24	66,300	40,900
13	5	234	25-26	140,000	27,800
13	5	234	32-33	8,182,600	6,845,000
13	5	235	6-7	88,900	44,700
13	5	235	8-9	20,000	4,600
13	5	235	10-11	800	600
13	5	235	13-14	450,000	370,700
13	5	235	15-16	22,100	16,400
13	5	235	17-18	6,800	4,200
13	5	235	20-21	15,000	14,000
13	5	235	22	2,875,500	2,674,200
13	5	235	26-27	9,542,100	8,815,600
13	5	235	28	77,528,200	73,191,800
13	5	235	29-30	1,160,700	1,073,600
13	5	235	31-32	2,588,500	424,300
13	5	235	33	<i>and</i>	
13	5	236	1	173,200	159,000

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	236	3-4	123,400	118,200
13	5	236	5	5,601,700	5,406,400
13	5	236	6-7	47,000	43,900
13	5	236	10-11	103,500	16,900
13	5	236	12-13	6,900	6,400
13	5	236	16-17	1,298,900	931,200
13	5	236	18	11,171,800	8,112,100
13	5	236	19	162,300	115,300
13	5	236	20-21	348,200	43,800
13	5	236	22-23	23,300	16,500
13	5	236	26-27	743,400	696,700
13	5	236	28	5,776,900	5,431,300
13	5	236	29-30	99,500	90,500
13	5	236	31-32	197,500	32,000
13	5	236	33-34	13,300	12,200
13	5	237	2-3	420,200	328,700
13	5	237	4-5	825,000	129,000
13	5	237	6-7	11,000	8,600
13	5	237	9-10	2,595,100	2,443,600
13	5	237	11	13,436,900	12,799,500
13	5	237	12-13	977,400	881,200
13	5	237	14-15	575,000	531,900
13	5	237	16-17	622,900	0
13	5	237	18-19	104,200	97,200
13	5	237	23	694,300	682,200
13	5	237	24-25	3,800	2,300
13	5	237	26-27	30,700	600
13	5	237	28-29	2,500	2,300
13	5	237	31-32	97,600	93,700
13	5	237	34	<i>and</i>	
13	5	238	1	38,800	26,500

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	238	2-3	567,900	466,100
13	5	238	7-8	1,593,400	783,900
13	5	238	9	2,754,100	2,421,700
13	5	238	10-11	69,300	64,100
13	5	238	12-13	100,000	0
13	5	238	14-15	1,600	0
13	5	238	19	250,000	157,700
13	5	238	20-21	7,000	6,500
13	5	238	22-23	50,000	0
13	5	238	26	825,000	531,900
13	5	238	30	2,288,100	2,009,400
13	5	238	33-34	90,000	83,300
13	5	239	1-2	900	800
13	5	239	3-4	450,000	418,500
13	45	240	27-31	250,000	231,300
13	55	241	14-18	5,325,200	273,500
13	60	241	19-24	100,000	92,500
13	80	242	17-24	4,370,800	2,673,000
13	85	242	25-28	20,717,400	10,175,000
13	100	243	19-23	15,000,000	13,875,000
13	110	244	1-11	1,000,000	925,000
13	115	244	12-18	25,000	0
13	140	245	8-13	2,210,200	1,912,700
13	150	245	19-26	500,000	462,500
13	160	246	8-20	800,000	732,585
13	175	247	3-7	225,000	208,100
13	225	249	1-4	250,000	185,000
13	230	249	5-10	50,000	46,300
15	5	250	12-13	126,750,800	122,862,300
15	5	250	20-21	1,871,100	1,814,700
15	10	251	3	949,400	946,400

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
15	15	252	16	1,971,100	1,790,900
15	15	252	18-19	209,000	184,800
15	15	252	20-21	150,800	137,000
15	15	252	22	486,000	418,700
15	15	252	23	4,600	3,600
15	15	252	24	23,900	21,400
15	15	252	25	20,600	18,100
15	15	252	26	268,900	216,400
15	15	252	27	58,700	50,600
15	20	254	3-4	29,229,000	28,936,700
15	35	255	17-20	12,300,000	9,358,800

In addition to these specific item and reduction vetoes, I hereby approve all other appropriation items in House Bill 2700.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed the item, which is attached in a bill of the following title, the veto of the Governor notwithstanding, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL 2700

A bill for AN ACT making appropriations.

I am further instructed to deliver to you the objections of the Governor which are contained in the attached copy of his letter to the House of Representatives:

Passed the House, November 6, 2003, by a three-fifths vote.

BRADLEY S. BOLIN, Assistant Clerk of the House

Item Vetoed by the Governor in House Bill 2700 which was restored:

192	1-17
200	27-30
201	1-4
201	5-12
201	13-20
201	21-29
201	30
202	1-7
202	8-16
202	17-24
202	25-31
203	1-2
203	3-10
203	18-26

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203	27-30
204	1-4
204	5-11
204	12-19
205	29-31
206	1-5
208	16-21
209	24-31
209	32
210	1-7
210	8-15
210	16-24
210	25-31
211	1-2
211	3-11
193	9-32
197	15-22
198	16-24
200	4-11
200	12-19
205	13-20
205	21-28
206	6-12
206	13-19
206	20-26
206	27-30
68	29
69	1-11
69	12-23
69	24-32
70	4-13
70	14-20
192	18-33
193	1-8
70	21-29
70	70-30
71	1-7
71	8-20
71	21-30
71	31
72	1-9
72	10-22
199	17-24
203	11-17
207	15-21
207	22-31
208	1-15
200	20-26
207	4-14

July 3, 2003

To the Honorable Members of the
Illinois House of Representatives
93rd General Assembly

Pursuant to Article IV, Section 9(d) of the Illinois Constitution of 1970, I hereby veto and return several appropriation items included in House Bill 2700, entitled "AN ACT making appropriations," having taken the actions set forth below.

[November 6, 2003]

This veto message reduces the total appropriation in House Bill 2700 by \$1,242,563,311, including reduction and item vetoes for substantive programs of \$158,816,500, a reduction of \$721,780,554 in technical changes for reappropriations based upon the items' June 30, 2003 unspent balance (reducing the reappropriations for actual spending through June 30, 2003), and a reduction of \$361,966,257 for errors and items for which provisions are included in SB 1239, which is still under review.

These reductions include savings from the office of the Comptroller. I commend Dan Hynes for volunteering to reduce his budget by 7.5 percent. That reduction will help us set aside more money for schools, for hospitals, for public safety – money that helps working people and makes their lives better. Dan Hynes has long demonstrated a strong commitment to fiscal discipline and integrity, and his decision to voluntarily reduce his budget in these tough times underscores that commitment.

Item Vetoes

I hereby veto the following appropriations items:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>
3 ²	195	66	18-21		15,000,000
3	223	68	25-28		75,000
3	234	68	29	<i>and</i>	
3 ²	234	69	1-11		1,354,435
3 ²	235	69	12-23		2,998,305
3 ²	236	69	24-32	<i>and</i>	

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>
3 ²	237	70	4-13		8,408,500
3 ²	238	70	14-20		50,000
3 ²	240	70	21-29		1,060,912
3 ²	241	70	30	<i>and</i>	
3 ²	241	71	1-7		69,632
3 ²	242	71	8-20		1,459,799
3 ²	243	71	21-30		1,599,125
3 ²	244	71	31	<i>and</i>	
3 ²	244	72	1-9		6,548,727
3 ²	245	72	10-22		14,846,409
3 ²	246	72	23-32		11,258,849
3 ²	247	73	1-10		253,471
3 ²	248	73	11-23		340,000
3 ²	249	73	24-32	<i>and</i>	
3 ²	249	74	1-6		332,151
3 ²	250	74	7-20		449,846
3 ²	251	74	21-32	<i>and</i>	
3 ²	251	75	1-2		17,493,196

² We are vetoing this duplicate of an item in SB 1239, which is still under review.

² A provision for this project is included in SB 1239, which is still under review.

² A provision for this project is included in SB 1239, which is still under review.

4	10	84	16	2,323,250
4	15	98	30	2,905,750
4	15	98	31-32	121,600
4	15	98	33-34	18,100
4	15	99	1-2	263,000
4	15	99	3-4	184,400
4	15	99	5	1,243,800
4	15	99	6	8,200
4	15	99	7-8	250
4	15	99	9	131,400
4	15	99	10	5,000
4	15	99	11	87,000
4	15	99	12	23,500
4	15	99	13	8,000
4	45	103	15-19	17,300,000
4 ³	50	103	20-27	78,054,054
4 ³	55	103	28-30	<i>and</i>
4 ³	55	104	1-5	126,120,700

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>
8A ²	10	191	24-30	<i>and</i>
8A ²	10	192	1-17	5,630,000
8A ²	11	192	18-33	<i>and</i>
8A ²	11	193	1-8	9,815,000
8A ²	12	193	9-32	9,671,700
8A ²	13	194	1-24	10,000,000
8A ²	14a1	194	25-32	255,800
8A ²	14a2	195	1-7	26,700
8A ²	14a3	195	8-15	317,700
8A ²	14a4	195	16-23	8,600
8A ²	14a5	195	24-31	732,800
8A ²	14a6	196	1-8	39,200
8A ²	14a8	196	16-22	278,400
8A ²	14a9	196	23-29	195,700
8A ²	14a10	196	30	<i>and</i>
8A ²	14a10	197	1-6	142,200
8A ²	14a12	197	15-22	50,000

³ We are vetoing this item that includes inaccurate appropriation amounts and is duplicated at the correct appropriation levels in SB1239, which is still under review.

8A ²	15	197	24-29		3,048,400
8A ²	16s2	198	9-15		354,500
8A ²	17	198	16-24		32,000
8A ²	18	198	25-31	<i>and</i>	
8A ²	18	199	1-2		25,300
8A ²	20	199	3-9		264,700
8A ²	23	199	17-24		247,900
8A ²	25	199	25-30	<i>and</i>	
8A ²	25	200	1-3		15,000
8A ²	26	200	4-11		165,500
8A ²	27	200	12-19		12,600
8A ²	28	200	20-26		385,100
8A ²	29	200	27-30	<i>and</i>	
8A ²	29	201	1-4		325,100
8A ²	30	201	5-12		27,700
8A ²	31	201	13-20		75,000
8A ²	32	201	21-29		26,500
8A ²	33	201	30	<i>and</i>	
8A ²	33	202	1-7		233,800
8A ²	34	202	8-16		250,900
8A ²	35	202	17-24		204,100
8A ²	36	202	25-31	<i>and</i>	
8A ²	36	203	1-2		4,800
8A ²	37	203	3-10		175,700
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>
8A ²	38	203	11-17		5,000
8A ²	39	203	18-26		870,000
8A ²	40	203	27-30	<i>and</i>	
8A ²	40	204	1-4		22,700
8A ²	41	204	5-11		30,200
8A ²	42	204	12-19		100,000
8A ²	43	204	20-31	<i>and</i>	
8A ²	43	205	1-12		3,671,800
8A ²	44	205	13-20		373,400
8A ²	45	205	21-28		100,000
8A ²	46	205	29-31	<i>and</i>	
8A ²	46	206	1-5		300,000
8A ²	47	206	6-12		23,800
8A ²	48	206	13-19		10,100
8A ²	49	206	20-26		75,000
8A ²	50	206	27-30	<i>and</i>	
8A ²	50	207	1-3		8,300
8A ²	51	207	4-14		616,500
8A ²	52	207	15-21		50,000

² A provision for this project is included in SB 1239, which is still under review.

8A ²	53	207	22-31	<i>and</i>	
8A ²	53	208	1-15		493,700
8A ²	54	208	16-21		1,200,600
8A ²	56	208	31	<i>and</i>	
8A ²	56	209	1-23		474,000
8A ²	57	209	24-31		500,000
8A ²	58	209	32	<i>and</i>	
8A ²	58	210	1-7		200,000
8A ²	59	210	8-15		200,000
8A ²	60	210	16-24		1,320,000
8A ²	61	210	25-31	<i>and</i>	
8A ²	61	211	1-2		800,000
8A ²	62	211	3-11		1,350,000
8A ²	63	211	12-18		2,300,000
13	185	247	18-23		1,000,000
13	195	248	1-4		300,000

Reduction Vetoes

I hereby reduce the following appropriation items and approve each item in the amount set forth in the "Reduced Amount" column below:

<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
1	170	21	18-25	6,400	0
2	20	28	14-17	962,025,500	942,025,500
3	15	40	28-30	7,200,000	4,638,000
3	25	42	6-14	1,272,942	894,550
3	50	46	15-23	43,851	42,436
3	65	47	11-19	403,827	0
3	70	47	20-27	879,529	551,376
3	70	47	20-27	347,114	305,387
3	70	47	20-27	371,099	0
3	80	48	2-6	2,000,000	1,000,000
3	155	61	6-15	290,600	45,500
3	180	64	11-19	487,500	437,500
3	200	66	23-30	<i>and</i>	
3	200	67	1-3	2,239,300	1,039,300
4	5	78	3	41,811,800	41,449,100
5	40	118	21-29	39,273,600	28,719,265

² A provision for this project is included in SB 1239, which is still under review.
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7	5	127	13-14		1,000,000	500,000
7	30	129	21		4,974,700	4,924,700
7	30	129	23		708,600	693,500
8	18b	155	25-30	<i>and</i>		
8	18b	156	1		120,000,000	71,763,100
8A	1a	172	11-19		730,200	674,710
8A	1a1	172	20-26		1,842,300	1,735,219
8A	1a2	172	27-30	<i>and</i>		
8A	1a2	173	1-3		39,153,600	29,339,271
8A	1a3	173	4-11		3,732,400	3,433,784
8A	1a4	173	12-18		2,657,700	2,546,280
8A	1a5	173	19-26		4,511,200	4,095,772
8A	1a6	173	27-30	<i>and</i>		
8A	1a6	174	1-3		19,396,200	18,980,883
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	1a7	174	4-10		13,624,000	13,495,687
8A	1b	174	12-19		40,307,300	39,680,807
8A	1b1	174	20-27		84,900	84,857
8A	1b2	174	28-30	<i>and</i>		
8A	1b2	175	1-5		1,346,300	1,231,150
8A	2	175	8-14		18,616,600	16,886,552
8A	3	175	17-23		487,500	262,214
8A	3a	175	25-31	<i>and</i>		
8A	3a	176	1-2		5,390,200	5,390,104
8A	3a1	176	3-11		18,519,900	10,757,102
8A	3a2	176	12-19		155,600	155,595
8A	3b	176	21-27		99,230,400	72,878,784
8A	3b1	176	28-30	<i>and</i>		
8A	3b1	177	1-4		27,112,300	21,349,170
8A	3b2	177	5-11		8,664,400	7,944,505
8A	3b3	177	12-18		179,603,400	159,509,274
8A	3b5	177	26-30	<i>and</i>		
8A	3b5	178	1-2		5,644,300	5,437,314
8A	3b6	178	3-11		18,958,900	11,271,866
8A	3b7	178	12-18		4,793,300	3,336,750
8A	4	178	21-27		3,041,900	2,592,239
8A	5a	178	30	<i>and</i>		
8A	5a	179	1-6		18,135,500	13,303,638
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		612,238,800	542,861,338

8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		55,305,600	44,919,880
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		29,714,000	21,238,502
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		29,906,300	22,787,541
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		39,667,700	29,914,867
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		46,196,400	33,769,385
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		42,463,600	38,521,667
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		78,688,000	71,069,537
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		26,488,700	17,520,244
8A	5b1	179	8-31	<i>and</i>		
8A	5b1	180	1-7		118,496,200	104,398,017
8A	5b2	180	8-13		306,242,200	238,359,807
8A	5b3	180	14-19		230,940,100	186,231,848
8A	5b4	180	20-25		63,313,300	58,885,681
8A	5b5	180	26-30	<i>and</i>		
8A	5b5	181	1		28,973,400	26,335,546
8A	5b6	181	2-7		117,411,100	113,395,974
8A	5b7	181	8-15		201,100	178,241
8A	5b8	181	16-23		27,200	27,151
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		160,103,300	134,821,328
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		23,310,800	19,623,072
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		15,011,900	12,028,771
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		12,487,900	9,045,128
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		16,505,800	11,151,855
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		30,236,400	20,617,417
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		16,393,700	14,081,835
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		37,855,300	28,335,330
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		14,439,700	10,883,805
8A	5b9	181	24-30	<i>and</i>		
8A	5b9	182	1-25		40,485,500	35,773,773
8A	5b10	182	26-32		217,888,500	154,952,223

8A	5b11	183	1-7		73,432,900	57,805,834
8A	5b12	183	8-13		14,134,800	12,554,160
8A	5b13	183	14-20		7,682,200	6,911,356
8A	5b14	183	21-27		20,716,100	19,987,084
8A	5b15	183	28-30	<i>and</i>		
8A	5b15	184	1-4		470,811,500	396,519,382
8A	5b16	184	5-11		155,227,800	121,264,868
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>		<i>Amount Enacted</i>	<i>Reduced Amount</i>
8A	5b17	184	12-18		18,279,600	12,782,973
8A	5b18	184	19-26		71,597,500	61,876,340
8A	6a	184	29-30	<i>and</i>		
8A	6a	185	1-6		349,199,300	335,148,119
8A	6a1	185	7-14		47,366,600	44,543,357
8A	6a2	185	15-22		1,295,900	1,265,571
8A	6b	185	23-29		36,000,000	31,210,575
8A	7a	186	2-9		10,426,700	9,597,087
8A	7a1	186	10-18		3,409,900	2,774,558
8A	7a2	186	19-26		4,090,800	3,881,460
8A	8a	186	29-31	<i>and</i>		
8A	8a	187	1-5		388,800	328,214
8A	8a1	187	6-14		2,058,800	1,814,036
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		236,536,900	219,493,369
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		24,699,000	21,969,092
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		68,253,500	64,417,322
8A	8b	187	16-32	<i>and</i>		
8A	8b	188	1-6		5,000,100	5,000,002
8A	8b1	188	7-25		3,071,100	3,066,751
8A	8b1	188	7-25		3,101,300	3,101,254
8A	8b1	188	7-25		871,800	871,759
8A	8b2	188	26-32		5,670,200	5,670,155
8A	8b3	189	1-8		14,304,200	12,931,527
8A	8b4	189	9-20		66,962,000	57,953,009
8A	9a	189	23-30		6,879,900	4,405,523
8A	9a1	189	31	<i>and</i>		
8A	9a1	190	1-7		13,723,100	13,604,724
8A	9a2	190	8-16		3,389,300	3,389,212

8A	9a4	190	25-31	21,800	21,789
8A	9a5	191	1-8	14,449,600	12,256,196
8A	9a6	191	9-15	525,400	496,701
8A	9a7	191	16-22	38,834,300	35,718,964
9	1	212	29	1,223,900	1,009,100
9	1	212	30-31	48,900	40,300
9	1	212	32	<i>and</i>	
9	1	213	1	164,500	135,600
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
9	1	213	2-3	93,600	77,200
9	1	213	4	162,100	133,700
9	1	213	5	15,000	12,400
9	1	213	6	4,000	3,300
9	1	213	7	2,900	2,400
9	1	213	8	30,300	25,000
9	1	213	9	6,200	5,100
9	1	213	10	27,100	22,300
9	1	213	11	2,500	2,100
10	1	213	19	1,341,500	1,106,100
10	1	213	20-21	53,700	44,300
10	1	213	22-23	137,900	113,700
10	1	213	24-25	99,100	81,700
10	1	213	26	218,900	180,500
10	1	213	27	28,000	23,100
10	1	213	28	4,300	3,500
10	1	213	29	3,900	3,200
10	1	213	30	31,000	25,600
10	1	213	31	45,000	37,100
10	1	213	32	55,700	45,900
11	5	214	10	4,110,700	3,909,700
11	5	214	11-12	164,400	93,000
11	5	214	15-16	314,500	300,000
11	5	214	17	1,652,400	1,602,400

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11	5	214	18	60,300	45,300
11	5	214	28	4,701,800	4,618,000
11	5	214	29-30	188,100	144,000
11	5	215	1-2	359,700	353,700
11	5	215	3	389,400	339,400
11	5	215	11	4,043,000	3,958,500
11	5	215	12-13	161,700	114,600
11	5	215	16-17	309,300	303,300
11	5	215	18	2,294,800	1,623,500
11	5	215	24-25	1,913,000	1,863,000
11	5	215	28	1,798,400	1,748,400
11	5	215	29-30	71,900	50,300
11	5	215	33-34	137,600	133,600
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	5	216	2	80,500	70,500
11	20	216	27	155,000	150,700
11	20	216	28	118,500	115,300
11	20	216	29	136,700	133,000
11	20	216	30	136,700	133,000
11	20	216	31	118,500	115,300
11	20	217	1	118,500	115,300
11	25	217	10	100,900	98,200
11	25	217	12	116,300	113,200
11	25	217	13	98,800	96,100
11	25	217	15	124,300	120,900
11	25	217	16	211,400	205,600
11	25	217	18	131,200	127,600
11	25	217	20	131,200	127,600
11	25	217	21	223,100	217,000
11	25	217	23	124,300	120,900
11	25	217	24	105,700	102,800
11	25	217	26	116,400	113,200
11	25	217	28	100,900	98,200

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11	25	217	29	86,100	83,700
11	25	217	31	131,200	127,600
11	25	217	32	223,100	217,000
11	25	218	1	116,300	113,200
11	25	218	2	98,800	98,100
11	25	218	4	108,400	105,400
11	25	218	5	98,800	96,100
11	25	218	6	45,600	44,400
11	25	218	7-8	50,200	48,800
11	25	218	10	116,300	112,600
11	25	218	11	98,800	96,100
11	25	218	13	100,900	98,200
11	25	218	14-15	172,100	167,400
11	25	218	17	116,300	113,200
11	25	218	18	98,800	96,100
11	25	218	19	82,000	79,800
11	25	218	20	45,100	43,900
11	25	218	22	100,900	98,200
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	25	218	24	91,200	88,700
11	25	218	25-26	328,100	319,200
11	25	218	27-28	255,200	159,600
11	25	218	30	124,300	120,900
11	25	218	31	105,700	102,800
11	25	218	33	131,200	127,600
11	25	218	34	111,600	108,500
11	25	219	2	108,400	105,400
11	25	219	4	124,300	120,900
11	25	219	5	105,700	102,800
11	25	219	7	56,500	55,000
11	25	219	8	182,300	173,900
11	25	219	10	100,900	98,200
11	25	219	11	86,100	83,700

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11	25	219	13	26,600	25,900
11	25	219	14	80,200	72,700
11	25	219	16	117,100	113,900
11	25	219	17	408,800	390,000
11	25	219	19	56,700	55,200
11	25	219	20	314,000	305,400
11	25	219	22	51,100	49,700
11	25	219	24	196,900	191,500
11	25	219	26	100,900	98,200
11	25	219	28	100,900	98,200
11	25	219	30	45,600	44,400
11	25	219	31	492,100	478,700
11	25	219	33	109,400	106,400
11	25	219	34	627,900	610,800
11	25	220	2	34,000	33,100
11	25	220	3	178,500	156,600
11	25	220	4	32,900	32,000
11	25	220	10	105,700	102,900
11	25	220	11	613,200	596,500
11	25	220	13	83,800	81,500
11	25	220	14-15	1,049,900	1,010,000
11	25	220	17	15,100	14,700
11	25	220	18	45,100	43,500
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	25	220	20	91,200	88,700
11	25	220	21	488,900	475,600
11	25	220	23-27	103,900	99,400
11	25	220	29	131,200	127,600
11	25	220	30	111,600	108,500
11	25	221	2	100,900	98,200
11	25	221	8	120,400	115,900
11	25	221	11	108,400	105,400
11	25	221	14	118,900	115,700

11	25	221	15	96,000	93,400
11	25	221	18	109,500	106,500
11	25	221	20	96,000	93,400
11	25	221	25	124,300	120,900
11	30	222	13	115,700	112,600
11	30	222	14	215,100	209,300
11	30	222	17-18	7,107,900	6,914,300
11	30	222	19	3,613,200	3,514,800
11	30	222	24-26	96,200	93,600
11	30	222	27	20,300	19,800
11	30	222	28-29	198,400	193,000
11	30	222	30-31	189,400	184,200
11	30	222	32-33	36,100	35,100
11	30	223	1-2	31,600	30,700
11	30	223	3-4	69,200	67,300
11	30	223	9	324,600	298,300
11	35	223	32	1,555,500	1,125,600
11	35	223	33	16,200	11,600
11	35	224	1	13,600	9,900
11	35	224	2	14,600	10,600
11	35	224	3	28,900	20,900
11	35	224	4-5	26,800	19,600
11	35	224	6-7	14,800	10,700
11	35	224	8-9	12,900	9,400
11	35	224	12	1,081,400	1,049,700
11	35	224	13	9,300	8,900
11	35	224	14	7,800	7,600
11	35	224	15	8,300	8,100
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
11	35	224	16	16,500	16,000
11	35	224	17-18	15,300	15,000
11	35	224	19-20	8,400	8,200
11	35	224	21-22	7,400	7,200

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12	45	225	13		4,985,300	4,537,400
12	45	225	14		2,844,000	2,564,800
12	45	225	16		199,400	181,500
12	45	225	17		113,800	102,600
12	45	225	20		670,000	609,800
12	45	225	21		383,700	346,000
12	45	225	24		370,900	337,600
12	45	225	25		217,600	196,200
12	45	225	27		726,000	654,700
12	45	225	29		1,116,600	1,016,300
12	45	225	30		3,350,000	3,021,100
12	45	225	32		133,100	121,100
12	45	226	1		122,000	110,000
12	45	226	3		52,300	47,600
12	45	226	4		39,300	35,400
12	45	226	6		28,500	25,900
12	45	226	7		21,000	18,900
12	45	226	9		61,800	56,200
12	45	226	10		21,000	18,900
12	45	226	12		1,021,100	929,400
12	45	226	13		1,130,000	1,019,100
12	45	226	15		175,900	160,100
12	45	226	16		70,000	63,100
12	45	226	18		8,100	7,400
12	45	226	19		3,000	2,700
12	50	226	21-26		7,500,000	6,763,700
12	80	227	30	<i>and</i>		
12	80	228	1-4		500,000	450,900
13	5	229	22-23		4,383,800	4,288,100
13	5	229	24-25		241,500	223,400
13	5	229	31	<i>and</i>		
13	5	230	1		2,589,000	2,426,300
13	5	230	2-3		9,700	9,000

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<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	230	4	3,400,800	3,191,300
13	5	230	5-6	48,300	44,700
13	5	230	9-10	594,400	446,400
13	5	230	11-12	32,500	30,100
13	5	230	15-16	351,200	341,800
13	5	230	17-18	18,500	17,100
13	5	230	20-21	44,000	40,700
13	5	230	23-24	640,300	598,700
13	5	230	32-33	12,700	11,900
13	5	231	1-2	10,000	9,400
13	5	231	4-5	163,500	160,800
13	5	231	9-10	49,743,400	46,329,900
13	5	231	12-13	3,114,900	2,689,500
13	5	231	14-15	1,906,400	1,084,700
13	5	231	16-17	259,400	211,100
13	5	231	18-19	75,500	68,600
13	5	231	21-22	921,700	862,700
13	5	231	24-25	13,800	12,800
13	5	231	26-27	210,900	130,100
13	5	231	30-31	124,600	107,600
13	5	231	32-33	84,800	48,600
13	5	232	1-2	10,400	8,400
13	5	232	3-4	3,000	2,800
13	5	232	7-8	6,808,900	4,870,800
13	5	232	10-11	420,500	278,900
13	5	232	12-13	284,500	125,400
13	5	232	14-15	34,900	21,700
13	5	232	16-17	10,100	7,100
13	5	232	20-21	3,857,300	3,589,700
13	5	232	23-24	239,600	178,100
13	5	232	25-26	195,900	119,100
13	5	232	27-28	27,500	23,200

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13	5	232	29-30	5,800	5,300
13	5	232	32-33	693,000	515,000
13	5	232	34	<i>and</i>	
13	5	233	1	714,600	375,100
13	5	233	2-3	77,000	51,600
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	233	4-5	22,000	17,200
13	5	233	7-8	15,311,800	14,260,500
13	5	233	9	1,315,500	1,240,200
13	5	233	10-11	1,750,900	1,658,200
13	5	233	12-13	1,486,100	980,100
13	5	233	14	600,000	440,000
13	5	233	15-16	190,100	101,800
13	5	233	17-18	600	500
13	5	233	20-21	419,700	398,000
13	5	233	25-26	11,100	8,200
13	5	233	27-28	6,000	3,700
13	5	233	30-31	1,072,500	977,400
13	5	234	1-2	126,000	43,200
13	5	234	3-4	14,500	4,200
13	5	234	5-6	1,100	1,000
13	5	234	8-9	609,500	519,600
13	5	234	13-14	101,100	46,300
13	5	234	15-16	13,000	4,600
13	5	234	18-19	898,800	705,200
13	5	234	21-22	232,400	164,900
13	5	234	23-24	66,300	40,900
13	5	234	25-26	140,000	27,800
13	5	234	32-33	8,182,600	6,845,000
13	5	235	6-7	88,900	44,700
13	5	235	8-9	20,000	4,600
13	5	235	10-11	800	600
13	5	235	13-14	450,000	370,700

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13	5	235	15-16	22,100	16,400
13	5	235	17-18	6,800	4,200
13	5	235	20-21	15,000	14,000
13	5	235	22	2,875,500	2,674,200
13	5	235	26-27	9,542,100	8,815,600
13	5	235	28	77,528,200	73,191,800
13	5	235	29-30	1,160,700	1,073,600
13	5	235	31-32	2,588,500	424,300
13	5	235	33	<i>and</i>	
13	5	236	1	173,200	159,000
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	236	3-4	123,400	118,200
13	5	236	5	5,601,700	5,406,400
13	5	236	6-7	47,000	43,900
13	5	236	10-11	103,500	16,900
13	5	236	12-13	6,900	6,400
13	5	236	16-17	1,298,900	931,200
13	5	236	18	11,171,800	8,112,100
13	5	236	19	162,300	115,300
13	5	236	20-21	348,200	43,800
13	5	236	22-23	23,300	16,500
13	5	236	26-27	743,400	696,700
13	5	236	28	5,776,900	5,431,300
13	5	236	29-30	99,500	90,500
13	5	236	31-32	197,500	32,000
13	5	236	33-34	13,300	12,200
13	5	237	2-3	420,200	328,700
13	5	237	4-5	825,000	129,000
13	5	237	6-7	11,000	8,600
13	5	237	9-10	2,595,100	2,443,600
13	5	237	11	13,436,900	12,799,500
13	5	237	12-13	977,400	881,200
13	5	237	14-15	575,000	531,900

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13	5	237	16-17	622,900	0
13	5	237	18-19	104,200	97,200
13	5	237	23	694,300	682,200
13	5	237	24-25	3,800	2,300
13	5	237	26-27	30,700	600
13	5	237	28-29	2,500	2,300
13	5	237	31-32	97,600	93,700
13	5	237	34	<i>and</i>	
13	5	238	1	38,800	26,500
13	5	238	2-3	567,900	466,100
13	5	238	7-8	1,593,400	783,900
13	5	238	9	2,754,100	2,421,700
13	5	238	10-11	69,300	64,100
13	5	238	12-13	100,000	0
13	5	238	14-15	1,600	0
<i>Article</i>	<i>Section</i>	<i>Page</i>	<i>Line(s)</i>	<i>Amount Enacted</i>	<i>Reduced Amount</i>
13	5	238	19	250,000	157,700
13	5	238	20-21	7,000	6,500
13	5	238	22-23	50,000	0
13	5	238	26	825,000	531,900
13	5	238	30	2,288,100	2,009,400
13	5	238	33-34	90,000	83,300
13	5	239	1-2	900	800
13	5	239	3-4	450,000	418,500
13	45	240	27-31	250,000	231,300
13	55	241	14-18	5,325,200	273,500
13	60	241	19-24	100,000	92,500
13	80	242	17-24	4,370,800	2,673,000
13	85	242	25-28	20,717,400	10,175,000
13	100	243	19-23	15,000,000	13,875,000
13	110	244	1-11	1,000,000	925,000
13	115	244	12-18	25,000	0
13	140	245	8-13	2,210,200	1,912,700

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13	150	245	19-26	500,000	462,500
13	160	246	8-20	800,000	732,585
13	175	247	3-7	225,000	208,100
13	225	249	1-4	250,000	185,000
13	230	249	5-10	50,000	46,300
15	5	250	12-13	126,750,800	122,862,300
15	5	250	20-21	1,871,100	1,814,700
15	10	251	3	949,400	946,400
15	15	252	16	1,971,100	1,790,900
15	15	252	18-19	209,000	184,800
15	15	252	20-21	150,800	137,000
15	15	252	22	486,000	418,700
15	15	252	23	4,600	3,600
15	15	252	24	23,900	21,400
15	15	252	25	20,600	18,100
15	15	252	26	268,900	216,400
15	15	252	27	58,700	50,600
15	20	254	3-4	29,229,000	28,936,700
15	35	255	17-20	12,300,000	9,358,800

In addition to these specific item and reduction vetoes, I hereby approve all other appropriation items in House Bill 2700.

Sincerely,
 ROD R. BLAGOJEVICH
 Governor

By direction of the President, bills reported on the foregoing veto messages were placed on the Senate Calendar.

A message from the House by
 Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of their amendment to a bill of the following title, to-wit:

HOUSE BILL 577

A bill for AN ACT concerning the death penalty.

Which amendment is as follows:

Senate Amendment No. 1 to HOUSE BILL NO. 577

Concurred in by the House, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

A message from the House by

[November 6, 2003]

Mr. Bolin, Assistant Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of their amendment to a bill of the following title, to-wit:

HOUSE BILL 920

A bill for AN ACT relating to higher education.

Which amendment is as follows:

Senate Amendment No. 1 to HOUSE BILL NO. 920

Concurred in by the House, November 6, 2003.

BRADLEY S. BOLIN, Assistant Clerk of the House

MOTIONS IN WRITING

Senator Hendon submitted the following Motion in Writing:

I move that **House Bill 197** do pass, notwithstanding the specific recommendations of the Governor.

DATE: November 6, 3002

Rickey Hendon
Senator

Senator Garrett submitted the following Motion in Writing:

I move that **House Bill 429** do pass, notwithstanding the veto of the Governor.

DATE: November 5, 2003

Susan Garrett
Senator

Senator Cullerton submitted the following Motion in Writing:

I move that **House Bill 2425** do pass, notwithstanding the specific recommendations of the Governor.

DATE: November 5, 3002

John Cullerton
Senator

The foregoing Motions in Writing were filed with the Secretary and placed on the Senate Calendar.

Senator Trotter submitted the following Motion in Writing:

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 88 in manner and form as follows:

AMENDMENT TO HOUSE BILL 88

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 88 on page 5, by replacing lines 27 through 29 with the following:

"based non-for-profit agency is unqualified to accept such assignment. Where the clientele of any"; and by replacing lines 31 through 34 on page 5 and line 1 on page 6 with the following:

"under this amendatory Act of 1977 by more than 3% over the prior year, the Department shall fully reimburse such agency for the costs of providing services to such persons in excess of such 3% increase. The Department shall keep written records"; and

on page 24, line 12, by deleting "safety precautions and"; and on page 24, line 13, by deleting "lap belts".

[November 6, 2003]

DATE: November 6, 3002

Donne E. Trotter
Senator

Senator Link submitted the following Motion in Writing:

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 684 in manner and form as follows:

AMENDMENT TO HOUSE BILL 684

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 684 on page 1, line 24, by deleting "or autism,"; and on page 1, line 30, after the period, by inserting "For purposes of this Section, autism is considered a related condition."; and on page 2, line 11, after "(DSM-IV)", by inserting ", or its successor,"; and on page 2, line 13, after "(ICD-9-CM)", by inserting ", or its successor,"; and on page 3, line 5, by replacing "3 or more" with "any"; and on page 4, line 7, after "with", by inserting "developmental"; and on page 4, line 13, after "with", by inserting "developmental"; and on page 5, line 15, by replacing "shall" with {may}; and on page 7, below line 28, by inserting the following: {(10) Mental health supports. Individuals with a disability must be provided needed mental health supports such as psychological rehabilitation, psychiatric and medication coverage, day treatment, care management, and crisis services."; and on page 7, line 29, by replacing "(10)" with {(11)}; and on page 8, line 10, by replacing "(10)" with "(11)".

DATE: November 6, 3002

Terry Link
Senator

Senator Lightford submitted the following Motion in Writing:

MOTION

I move to accept the specific recommendations of the Governor as to House Bill 1516 in manner and form as follows:

AMENDMENT TO HOUSE BILL 1516

IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 1516 on page 1, line 5, by deleting "12,"; and on page 1, by deleting lines 6 through 31; and by deleting all of pages 2 and 3; and on page 4, by deleting lines 1 through 10.

DATE: November 5, 3002

Kimberly Lightford
Senator

The foregoing Motions in Writing were filed with the Secretary and referred to the Committee on Rules..

RESOLUTIONS CONSENT CALENDAR**SENATE RESOLUTION 198**

Offered by Senator E. Jones and all Senators:
Mourns the death of John Daniels of Chicago.

SENATE RESOLUTION 199

Offered by Senator E. Jones and all Senators:
Mourns the death of Dorothy Ruth Davis Curry of Chicago.

SENATE RESOLUTION 200

Offered by Senator E. Jones and all Senators:
Mourns the death of Golden Sylvester Tillman of Chicago.

[November 6, 2003]

SENATE RESOLUTION 201

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Marshall Micheal Khayat of Wadsworth.

SENATE RESOLUTION 202

Offered by Senator Shadid and all Senators:
Mourns the death of John E. "Jack" Cassidy, Jr. of Peoria.

SENATE RESOLUTION 203

Offered by Senator Shadid and all Senators:
Mourns the death of Sam Stewart, Sr. of Gillespie.

SENATE RESOLUTION 204

Offered by Senator Hunter and all Senators:
Mourns the death of Katherine Viola Bell of Chicago.

SENATE RESOLUTION 205

Offered by Senator Shadid and all Senators:
Mourns the death of Melvin C. "Bud" Hasty of Peoria.

SENATE RESOLUTION 206

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Vicki Smith of Beach Park.

SENATE RESOLUTION 207

Offered by Senator Shadid and all Senators:
Mourns the death of Robert M. Walker of Peoria.

SENATE RESOLUTION 208

Offered by Senator Dillard and all Senators:
Mourns the death of Carleton F. Nadelhoffer, Sr. of Naperville.

SENATE RESOLUTION 209

Offered by Senator Clayborne and all Senators:
Mourns the death of Dominik Antwan Childress of East St. Louis.

SENATE RESOLUTION 210

Offered by Senator Clayborne and all Senators:
Mourns the death of Bruce Hill, Jr. of East St. Louis.

SENATE RESOLUTION 211

Offered by Senator Shadid and all Senators:
Mourns the death of Robert C. Schmitt of Kickapoo.

SENATE RESOLUTION 212

Offered by Senator Clayborne and all Senators:
Mourns the death of R.C. Nelson of East St. Louis.

SENATE RESOLUTION 213

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Robert Lewis Snook of Waukegan.

SENATE RESOLUTION 214

Offered by Senator Risinger and all Senators:
Mourns the death of Robert E. "Bob" Miller of Galva.

SENATE RESOLUTION 215

Offered by Senator Risinger and all Senators:
Mourns the death of Watts Carey Johnson of Princeville.

SENATE RESOLUTION 216

Offered by Senator Risinger and all Senators:
Mourns the death of Gerald Wilt of Walnut.

SENATE RESOLUTION 217

Offered by Senator Meeks and all Senators:
Mourns the death of Chester Milton De Graff of South Holland.

SENATE RESOLUTION 218

Offered by Senator Clayborne and all Senators:
Mourns the death of Edward Terrell of East St. Louis.

SENATE RESOLUTION 219

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Leland T. "Trig" Watson Jr. of Mundelein.

SENATE RESOLUTION 220

Offered by Senator Dillard and all Senators:
Mourns the death of Donald Lawrence Moore of Naperville.

SENATE RESOLUTION 221

Offered by Senator Dillard and all Senators:
Mourns the death of Arthur E. Giddings of Willowbrook.

SENATE RESOLUTION 222

Offered by Senator Dillard and all Senators:
Mourns the death of Fred D. Kozarits of Westmont.

SENATE RESOLUTION 223

Offered by Senator Dillard and all Senators:
Mourns the death of Robert A. Koranda of Naperville.

SENATE RESOLUTION 224

Offered by Senator Hunter and all Senators:
Mourns the death of Mary Louise Albey McDowell of Chicago.

SENATE RESOLUTION 225

Offered by Senator Petka and all Senators:
Mourns the death of First Lt. Timothy Ryan of Aurora.

SENATE RESOLUTION 226

Offered by Senator Petka and all Senators:
Mourns the death of Ruth Brockway of Plainfield.

SENATE RESOLUTION 227

Offered by Senator E. Jones and all Senators:
Mourns the death of Seymour Ronen of Northbrook.

SENATE RESOLUTION 228

Offered by Senator Risinger and all Senators:
Mourns the death of Robert D. Talbot of Walnut.

SENATE RESOLUTION 229

Offered by Senator Brady and all Senators:
Mourns the death of Minor Meyers, Jr. of Bloomington.

SENATE RESOLUTION 230

Offered by Senator Link and all Senators:

Mourns the death of Doris B. Bowlin of Sesser.

SENATE RESOLUTION 231

Offered by Senator Geo-Karis and all Senators:
Mourns the death of LeAnna Kay Fischer of Zion.

SENATE RESOLUTION 232

Offered by Senator Maloney and all Senators:
Mourns the death of Mary J. Lynch of Alsip.

SENATE RESOLUTION 233

Offered by Senator Clayborne and all Senators:
Mourns the death of Nelma Faye Brown Moody of East St. Louis.

SENATE RESOLUTION 234

Offered by Senator Haine and all Senators:
Mourns the death of Junior B. "Lefty" Ayres of Wood River.

SENATE RESOLUTION 235

Offered by Senator Haine and all Senators:
Mourns the death of Buddy Wayne Davis of Wood River.

SENATE RESOLUTION 236

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Helen Frances Luther formerly of Winthrop Harbor.

SENATE RESOLUTION 237

Offered by Senator Shadid and all Senators:
Mourns the death of Kevin P. Schmitt of East Peoria.

SENATE RESOLUTION 238

Offered by Senator Shadid and all Senators:
Mourns the death of Michael A. Perkins, Sr. of Peoria.

SENATE RESOLUTION 239

Offered by Senator Link and all Senators:
Mourns the death of Joseph S. Semasko of North Chicago.

SENATE RESOLUTION 240

Offered by Senator Link and all Senators:
Mourns the death of Bernard "Barney" Loeb of Vernon Hills.

SENATE RESOLUTION 241

Offered by Senator Clayborne and all Senators:
Mourns the death of Jacqueline S. "Jacque" Davis of Columbia.

SENATE RESOLUTION 242

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Walter T. Faro of Zion.

SENATE RESOLUTION 243

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Edo J. Belli of Long Grove.

SENATE RESOLUTION 244

Offered by Senator Watson - Righter and all Senators:
Mourns the death of Spc. Brandon E. Miller formerly of Shelbyville.

SENATE RESOLUTION 245

Offered by Senator Meeks and all Senators:
Mourns the death of Private First Class Brandon Ramsey of Chicago.

SENATE RESOLUTION 246

Offered by Senator Dillard and all Senators:
Mourns the death of John E. "Bud" Widder of Naperville.

SENATE RESOLUTION 248

Offered by Senator Dillard and all Senators:
Mourns the death of Kristen M. Gough of Naperville.

SENATE RESOLUTION 249

Offered by Senator Lightford and all Senators:
Mourns the death of Patrick O'Neal Glenn of Florida.

SENATE RESOLUTION 250

Offered by Senator Link and all Senators:
Mourns the death of William Cramer of Mundelein.

SENATE RESOLUTION 251

Offered by Senator Link and all Senators:
Mourns the death of Gail M. Svendsen of Grayslake.

SENATE RESOLUTION 252

Offered by Senator Wojcik and all Senators:
Mourns the death of Prince Philipp-Ernst of Germany.

SENATE RESOLUTION 253

Offered by Senator Clayborne and all Senators:
Mourns the death of Roy W. "Wesley" Kenney III of East St. Louis.

SENATE RESOLUTION 254

Offered by Senator Hunter and all Senators:
Mourns the death of Rebecca Taylor of Chicago.

SENATE RESOLUTION 255

Offered by Senator Shadid and all Senators:
Mourns the death of Mary Ellen Dougherty Ripper Schmitt of Peoria.

SENATE RESOLUTION 256

Offered by Senator Clayborne and all Senators:
Mourns the death of Derrick Lewis of East St. Louis.

SENATE RESOLUTION 257

Offered by Senator Clayborne and all Senators:
Mourns the death of Frank Clark of East St. Louis.

SENATE RESOLUTION 258

Offered by Senator Lauzen and all Senators:
Mourns the death of James T. Wolf of Aurora.

SENATE RESOLUTION 259

Offered by Senator Lauzen and all Senators:
Mourns the death of George Bennett Peters of Aurora.

SENATE RESOLUTION 260

Offered by Senator Lauzen and all Senators:
Mourns the death of Arthur Boyd, Jr. of Batavia.

SENATE RESOLUTION 261

Offered by Senator Lauzen and all Senators:
Mourns the death of Victor Frantz formerly of Oswego.

SENATE RESOLUTION 262

Offered by Senator Lauzen and all Senators:
Mourns the death of Raymond D. Heintz of Aurora.

SENATE RESOLUTION 263

Offered by Senator Lauzen and all Senators:
Mourns the death of Janice H. "Ma" Yost of North Aurora.

SENATE RESOLUTION 264

Offered by Senator Lauzen and all Senators:
Mourns the death of Catherine Williams of Oswego.

SENATE RESOLUTION 265

Offered by Senator Lauzen and all Senators:
Mourns the death of Cathryn S. Rhoades of Aurora.

SENATE RESOLUTION 266

Offered by Senator Lauzen and all Senators:
Mourns the death of Arthur S. Nelson of Geneva.

SENATE RESOLUTION 267

Offered by Senator Lauzen and all Senators:
Mourns the death of Robert Koranda of Naperville.

SENATE RESOLUTION 268

Offered by Senator Lauzen and all Senators:
Mourns the death of Donna Diehl of Aurora.

SENATE RESOLUTION 269

Offered by Senator Lauzen and all Senators:
Mourns the death of M. W. "Bud" Meyer of Aurora.

SENATE RESOLUTION 270

Offered by Senator Lauzen and all Senators:
Mourns the death of William McKelvey Damisch.

SENATE RESOLUTION 271

Offered by Senator Lauzen and all Senators:
Mourns the death of Sten G. Halfvarson of Aurora.

SENATE RESOLUTION 272

Offered by Senator Schoenberg and all Senators:
Mourns the death of Kathryn "Kay" Katz of Wilmette.

SENATE RESOLUTION 273

Offered by Senator Roskam and all Senators:
Mourns the death of Bernadette "Bunny" Cline of Downers Grove.

SENATE RESOLUTION 275

Offered by Senator Shadid and all Senators:
Mourns the death of Peter P. Bertetto of Canton.

SENATE RESOLUTION 276

Offered by Senator Shadid and all Senators:
Mourns the death of Robert W. Latham of Peoria.

SENATE RESOLUTION 277

Offered by Senator Dillard and all Senators:
Mourns the death of E. Stanley Enlund of Clarendon Hills.

SENATE RESOLUTION 278

Offered by Senator Shadid and all Senators:
Mourns the death of William A. Ryon of Peoria.

SENATE RESOLUTION 279

Offered by Senator Clayborne and all Senators:
Mourns the death of Michael Voelker of Belleville.

SENATE RESOLUTION 280

Offered by Senator Petka and all Senators:
Mourns the death of Richard J. "Dick" Michelini of Montgomery.

SENATE RESOLUTION 281

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Julia Mae White of Chicago.

SENATE RESOLUTION 282

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of former Representative John J. Houlihan of Palos Heights.

SENATE RESOLUTION 283

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of George Zarr of Springfield.

SENATE RESOLUTION 284

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Evelyn P. Bietsch of Springfield.

SENATE RESOLUTION 285

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Bud N. White of Carlinville.

SENATE RESOLUTION 286

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of William R. Deutsch of Jacksonville.

SENATE RESOLUTION 287

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Beverly Sue Bertagnolli of Bunker Hill.

SENATE RESOLUTION 288

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of John Paul Jubelt of Mt. Olive.

SENATE RESOLUTION 289

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Eugene C. Tinsley, Jr. of Carlinville.

SENATE RESOLUTION 290

Offered by Senators Demuzio – E. Jones and all Senators:
Mourns the death of Mary Beatrice DeSherlia.

SENATE RESOLUTION 291

Offered by Senator Clayborne and all Senators:

Mourns the death of Lucille Bell Pleasant of East St. Louis.

SENATE RESOLUTION 292

Offered by Senator Haine and all Senators:
Mourns the death of Anthony “Tony” F. Vicari of Alton.

SENATE RESOLUTION 294

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Walter Clinton Griffin of Waukegan.

SENATE RESOLUTION 295

Offered by Senator Geo-Karis and all Senators:
Mourns the death of Truman P. Hudson of Grayslake.

SENATE RESOLUTION 296

Offered by Senator Haine and all Senators:
Mourns the death of Bette Jayne Powell of Alton.

SENATE RESOLUTION 297

Offered by Senator Haine and all Senators:
Mourns the death of George R. “Buzz” Westfall of St. Louis.

SENATE RESOLUTION 298

Offered by Senator D. Sullivan and all Senators:
Mourns the death of Richard C. Wessell, Sr. of Des Plaines.

SENATE RESOLUTION 299

Offered by Senator Peterson and all Senators:
Mourns the death of Waid Vanderpoel of Barrington.

SENATE RESOLUTION 300

Offered by Senator Siverstein and all Senators:
Mourns the death of Rabbi Shlomo Rapoport of Chicago.

SENATE RESOLUTION 301

Offered by Senator Harmon and all Senators:
Mourns the death of Bernard V. “Barney” McCauley of Bensenville.

SENATE RESOLUTION 302

Offered by Senator Collins and all Senators:
Mourns the death of Dorothy Ruth Davis Curry.

SENATE RESOLUTION 303

Offered by Senator J. Sullivan and all Senators:
Mourns the death of United States Army Specialist Ryan G. Carlock of Macomb.

SENATE RESOLUTION 304

Offered by Senators Shadid - Risinger and all Senators:
Mourns the death of Corinne Michel of Washington D.C.

SENATE RESOLUTION 305

Offered by Senator Clayborne and all Senators:
Mourns the death of Beatrice Nebraska Hunter Neely of East St. Louis

Senator Welch moved the adoption of the foregoing resolutions.
The motion prevailed.
And the resolutions were adopted.

At the hour of 4:23 o'clock p.m., pursuant to **Senate Joint Resolution No. 38**, the Chair announced the Senate stand adjourned until Tuesday, November 18, 2003, at 12:00 o'clock noon.